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**A FORMATIVE EVALUATION OF AN INSTANT MESSAGING-BASED HIV AND
AIDS HELPLINE IN SOUTH AFRICA**

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A dissertation submitted in partial fulfilment of the requirements for the award of the
Degree of Master of Philosophy (Programme Evaluation)

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works of other people has been attributed, cited and referenced.

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ABSTRACT

Mobile phones have proliferated almost all communities globally; this presents unprecedented opportunities to be used as vehicles for social improvement and to address many disease burdens especially in resource-limited settings. Widespread adoption of mobile phone-based innovative interventions hinge on clear guidelines and standards being established on how such programmes should be designed and implemented to promote high impact levels. This report is a formative evaluation of RedChatZone, a pilot instant messaging-based programme implemented in 2009 to provide an HIV and AIDS helpline via Mxit, an instant messaging platform.

A triangulated data and methods approach was employed to analyse secondary data collected as part of the RedChatZone's monitoring and evaluation process. This includes a database of conversations exchanged between counsellors and RedChatZone clients collected between 1 October 2009 and 31 August 2011, programme documents, published literature and other research studies that focused on accessing the counsellor's experiences on RedChatZone and a client satisfaction survey. To guide the evaluation of RedChatZone, a framework driven by the theory-based evaluation approach was developed to assess the programme theory and implementation.

The results suggest that RedChatZone is based on a plausible, doable and measurable behavioural change programme theory. RedChatZone leverages on the popularity of its host platform Mxit, with numerous advantages to the clients, these being: cost-effectiveness, anonymity, convenience and ease of access via mobile phones. Since its implementation, on average 85 clients access RedChatZone per session. Approximately 70 per cent of the conversations are HIV and AIDS-related, which is in line with the programme objectives.

Despite numerous technical and access problems and questionable quality of service, approximately 65 per cent of RedChatZone clients are return users, which includes super users who have accessed the service on more than 50 occasions over a 23-month period. Based on this study's findings, its relevancy and acceptability is well established. With the adoption of the suggested recommendations for programme improvements, it is envisaged that results from this evaluation will facilitate the scaling-up of this highly accepted and cost-effective intervention.

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune Deficiency Syndrome
IM	Instant Messaging
MI	Motivational Interviewing
NAHL	National AIDS HelpLine

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INTRODUCTION

According to a recent UNAIDS report, with approximately 5.6 million infected (UNAIDS, 2009), South Africa has the highest number of people living with HIV and AIDS in any country in the world. This high HIV-prevalence rate is fuelled mainly by new infections in the youths, age group 24 to 35- year olds (Shisana & Simbayi, 2009). Education and counselling are amongst the recommended interventions for decreasing the number of new infections and for encouraging positive living amongst those infected and affected by HIV and AIDS (UNAIDS, 2009). South Africa, like any other developing country has limited resources and an infrastructure that constrain effective provision of educational and counselling services via traditional mediums and has thus spurred the need to engage the problem laterally.

Approximately 96 per cent of South Africans have a mobile cellular phone (mobile) (International Telecommunication Union, 2009). Such a high penetration rate of mobiles, coupled with an increasingly widespread use of mobile-based technologies such as social media platforms (Chigona, Kamkwenda & Manjoo, 2008; Chigona, Chigona, Ngqokelela & Mpofu, 2009) provides an opportunity to use mobile phones for HIV and AIDS targeted interventions. To this end Cell-Life, in partnership with Lifeline, initiated RedChatZone. RedChatZone is a pilot programme that utilises Mxit, a social media platform that provides HIV and AIDS information, referral and counselling to South African youth. RedChatZone provides a mobile-based HIV and AIDS helpline via instant messaging (IM). As a testament to the programme's unique and novel approach, two weeks prior to the submission of this report RedChatZone was recognised at a ceremony in Ethiopia as the most innovative project in the HIV and AIDS communication field for the year 2011 by the African Network for Strategic Communication in Health and Development. The widespread adoption of such innovative interventions hinge on clear guidelines and standards being established on how such programmes should be designed and implemented to promote high impact levels. This study outlines a formative evaluation of a pilot and innovative mobile phone-based programme, RedChatZone. Formative evaluations aim primarily to provide information that can guide programme improvement. As for pilot programmes, formative evaluation could also direct scale-up otherwise termination of the intervention. For this formative evaluation of RedChatZone, the design and conceptualisation of the programme was evaluated (programme theory evaluation). In addition, an evaluation of 'if and how' RedChatZone operates was also

performed (implementation evaluation). This evaluation is structured as follows: **Chapter One** is a literature review of the programme evaluation field, with particular reference to how an evaluation framework for a pilot and innovative programme is developed. **Chapter Two** outlines how the evaluation framework and questions were developed, the programme under evaluation, the context of the evaluation and the objectives of the evaluation are discussed in line with the evaluation framework; **Chapter Three** presents an evaluation of the programme theory of RedChatZone; **Chapter Four** is an implementation evaluation of RedChatZone (**Chapters Three** and **Four** are distinct analyses in their own right and are presented with their own method, results and discussion sections); and in **Chapter Five** overall discussions and recommendations are presented. Finally, the evaluation report is then summed up with concluding remarks, presented in the last section.

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CHAPTER ONE: DEVELOPING AN EVALUATION FRAMEWORK

An evaluation framework is a plan of how an evaluation is to be carried out. It helps to focus the evaluation on relevant issues and describes how the evaluation will be used (Rossi, Lipsey & Freeman, 2004). Programme evaluation frameworks cannot be prescribed. The field of evaluation offers guidelines only on how to develop effective programme evaluation frameworks, but leaves the evaluators to formulate their own specific frameworks. This chapter describes a possible model that could be adopted in developing evaluation frameworks tailored specifically for pilot and innovative programmes.

What is programme evaluation?

Programme evaluation is the use of social research procedures to systematically determine the value, merit or worth of a programme (Rossi et al., 2004). At its most basic form, programme evaluation has been performed since societies started implementing and improving social interventions (Rossi et al., 2004). Although programme evaluation is an ancient art, it was recognised as an emerging field in the 1960s after the aftermath of the Second World War when there was an increase in interventions to rebuild societies (Rossi et al., 2004). The focus of modern programme evaluation is in social programmes – not exclusively but this is where the discipline is most pronounced (Rossi et al., 2004). Scriven (1991), through his ‘Evaluation Thesaurus’ coined most of the terms and methodology that now define programme evaluation, and thus facilitated the use of the field of evaluation in the formalised and professional arena.

What is a programme evaluation framework?

Before one undertakes an evaluation it is important to develop an evaluation framework to guide the evaluation process. An evaluation framework entails formulating relevant questions and then gathering appropriate information and interpreting it to provide answers to the evaluation questions (Fitzpatrick, Worthen & Sanders, 2004). Frameworks are as varied as the number of interventions and approaches available. There are, however, numerous guidelines on how these frameworks are developed (Rossi et al., 2004). The facets likely to be the most relevant in shaping evaluation frameworks of pilot and innovative programmes

are discussed in this chapter. This is in line with the programme under evaluation i.e., a pilot and innovative intervention (see Introduction). Figure 1.1 summarises the seven different factors that could be considered when evaluating a pilot and innovative intervention. The compilation of these factors necessitated their being drawn from numerous sources and resources (Chen, 2005; Rossi et al., 2004). Of note is Chen's (2005) proposed method for pilot testing of innovative programmes. Just like any other evaluation framework (Dilley et al., 2008; Rossi et al., 2004), the framework depicted in Figure 1.1 revolves around the programme under evaluation:

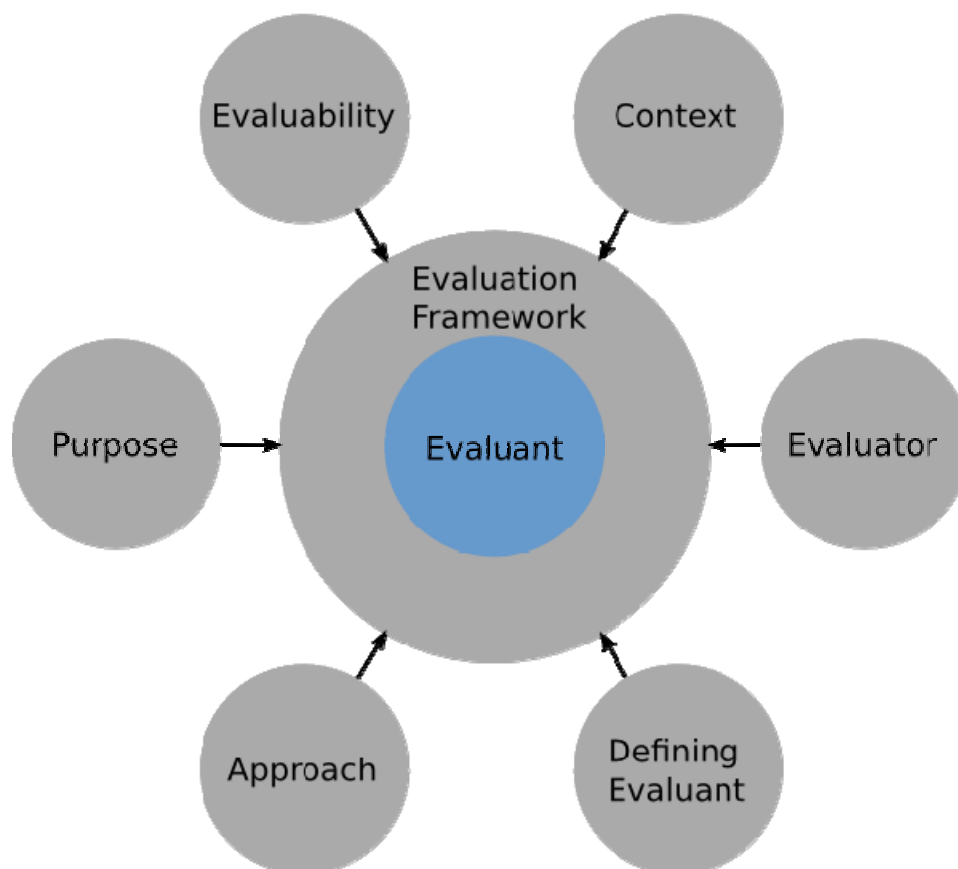


Figure 1.1

An evaluation framework for a pilot and innovative programme

Defining the Evaluand

As depicted in Figure 1.1, the focal point of any evaluation or evaluation framework is the ‘evaluand’ (Fink, 1993). An evaluand is a programme, project or intervention that has activities or services aimed at social betterment (Fink, 1993; Rossi et al., 2004). In most instances, programmes are never described in detail. It is, however, imperative that the evaluand is described in detail in a manner that facilitates effective development of the evaluation framework. The more complex a programme and/or its scope are the higher the need for a detailed description. This helps set the evaluation boundaries (Fitzpatrick et al., 2004). According to Posavac and Carey, (2007) an evaluator must have at least one onsite observation of the programme irrespective of how well its documents describe the evaluand. If an evaluator chooses to continue evaluating without observing the intervention, the evaluator is at risk of making judgements on non-existing programme entities (Fitzpatrick et al., 2004). A typical programme description includes objectives and goals, programme activities/services, programme theory, context, stage of development of the programme and the monitoring component of the intervention (Fitzpatrick et al., 2004; Rossi et al., 2004), these components are described below.

Objectives and Goals of a Programme.

For any programme under evaluation, including pilot and innovative programmes, it is key to understand and make explicit its goals and objectives. Once an evaluator has knowledge of the programme goals and objectives, it is easier to formulate evaluation questions that assess whether these goals are specific and relevant to the social problem the it is trying to address.

Programme Activities/Services.

Programmes vary according to the activities or services they offer. Even when programmes offer the same activities, their structure could differ based on their geographical location, the size of the programme and the target population (Rossi et al., 2004). Most interventions function without a proper programme description up until the evaluation period. In such

cases, the role of the evaluator is to understand the evaluand and describe it appropriately. Describing programme activities/services forms the base of understanding the nature of the programme (Rossi et al., 2004).

Programme Theory

A thorough description of programme activities/services is still not sufficient to communicate how the programme activities are expected to bring about the desired outcomes (Funnell & Rogers, 2011). A programme theory is required for this task. A programme theory is defined as a set of assumptions of how the programme activities are likely to bring about its intended outcomes or change (Bickman & American Evaluation Association, 1987). Behind every programme is an underlying programme theory/theory of change, although these theories are commonly implicit (Posavac & Carey, 2007). The evaluator's role in instances of implicit assumptions is to help programme staff decipher and articulate a theory behind a programme (Posavac & Carey, 2007; Rossi et al., 2004).

A programme theory can be made explicit through discussions or interviews with programme staff and through reviewing of evaluations of similar programmes (Freeman, Rossi, & Sandefur, 1989; Rossi et al., 2004). The programme theory consists of three core parts, namely, implementation, outcomes of the programme, and the mechanisms that interlink these two components. The implementation section can be split further into inputs, namely, programme activities/services and outputs, while the outcomes portion of a programme theory has immediate and intermediate outcomes, and overall impact (Rossi et al., 2004). Visual depictions of all the components of a programme and how they interlink assist in making transparent how it is supposed to bring about its intended outcome. Such graphic presentations of programme theories are commonly referred to as logic model diagrams (Chen, 2005; Rossi et al., 2004).

Even after deciphering a programme theory there is no guarantee that the theory is plausible or is capable of bringing about the expected outcomes. However, making explicit the theory of a programme can facilitate evaluations targeted at assessing the feasibility or plausibility of the programme theory, and also highlight whether it is a testable theory (Connell & Roundtable on Comprehensive Community Initiatives for Children and Families. Steering Committee on Evaluation, 1995). A testable theory is one that is specific and complete, thus permitting for an evaluator to trace and assess its progress (Connell &

Roundtable on Comprehensive Community Initiatives for Children and Families. Steering Committee on Evaluation, 1995). Evaluating a programme theory involves empirically, theoretically and logically testing the theoretical assumptions and/or the steps implied in the programme logic.

Irrespective of the maturity of a programme, with each evaluation the programme theory evaluation should also be evaluated for plausibility (Rossi et al., 2004). Even when a prior programme theory evaluation has been carried out with each evaluation, an assessment of programme theory is recommended since the context of a programme can change which could render an existing programme theory invalid. If, for example, the needs of the target population – or even the target population itself – changes, an existing programme theory has to be adjusted accordingly for it to remain valid.

Monitoring

A well-planned programme has monitoring systems in place which provide information and data to managers on a regular basis (Rossi et al., 2004). Lack of a reliable monitoring system may lead to a small problem developing unnoticed until it is too severe or difficult to correct (Posavac & Carey, 2007). Programme monitoring is a regular ongoing management activity which through reliable record-keeping provides a descriptive snapshot of a programme at a specific time-point (Rossi et al., 2004). It is recommended that the monitoring system of a programme consists only of indicators that collect data that is pertinent to the success of the programme (Rossi et al., 2004). The indicators and their corresponding data and documents from a programme's monitoring system need to be understood and be readily available to the evaluator to help formulate an evaluation framework that is capable of yielding credible and useful information.

Data quality, collection and record keeping from programme monitoring systems are always a major area concern for evaluators. The quality of available data often dictates the quality of the evaluation. There are reported cases where evaluators were misled into believing that programme data is catalogued and easily accessible (Lee, Price, Wynne, Centre for the Study of Health Policy & Kangwane Dept. of Health, 1991). In such instances, the evaluator is thus forced to invest time and effort into cleaning and cataloguing the programme data before commencing with the evaluation process (Lee et al., 1991). It is recommended that evaluators assess the quality of records before embarking on an evaluation to make possible

proper planning and time management during evaluation processes (Fitzpatrick et al., 2004; Lee et al., 1991; Wholey, Hatry, & Newcomer, 2004).

Growth Stages of the Programme

Evaluations can be commissioned at different stages in a programme's life cycle. It is important to identify the stage in which the programme is in to help tailor the evaluation framework accordingly. An evaluation framework can be tailored to assess:

- 1) The need for a programme by the target population: there is theoretically a needs analysis stage of a programme before the conceptualisation and implementation of a programme. At this stage the needs of a programme are assessed in relation to the programme's intended activities.
- 2) The programme theory: an evaluation of a programme theory assesses the programme's design and conceptualisation i.e., whether its plausible, doable and testable (Connell & Roundtable on Comprehensive Community Initiatives for Children and Families. Steering Committee on Evaluation, 1995; Donaldson & Scriven, 2003; Rossi et al., 2004).
- 3) The programme process/implementation: such an assessment would include coverage and utilisation of the programme, service utilisation and programme function.
- 4) The programme outcomes/impact: this questions whether the programme is actively bringing about its intended outcomes.
- 5) The programme efficiency: this involves a cost benefit analysis

It is worth noting that the evaluation framework does not have to be tailored for a single stage of the programme's cycle as two or more stages can be evaluated concurrently.

Evaluability assessment

Before embarking on an evaluation, an *evaluability* assessment is recommended (Rossi et al., 2004). An *evaluability* assessment investigates whether undertaking an evaluation is worthwhile by assessing whether the programme is ready for an evaluation and if the evaluation is likely to be used (Rossi et al., 2004). For a programme to be considered evaluable, it should at least exist or be intended to exist in the near future. The programme should have goals and objectives i.e., there should be a social problem that the programme is

attempting to address; have accessible documentation and data; and its stakeholders should be willing to use the results for its improvement (Rossi et al., 2004).

The resources available for an evaluation can affect the type and quality of the end product. Poor choice of data sources and research methods or unavailability of data could affect the type of evaluation questions that can be asked, or affect the strength with which the evaluation questions are addressed. It is worth investigating and assessing what data and what quality of data is available to the evaluator.

The intended utility of the evaluation can motivate or obliterate an evaluation before it has even been initiated. If the stakeholders are likely to use the results stemming from an evaluation, the evaluability of a programme increases substantially. In some cases, however, whether the programme stakeholders are interested or not in utilising the results from the programme evaluation is irrelevant, if the purpose of the evaluation is to generate knowledge (Rossi et al., 2004).

Limitations of an evaluation could also hinder progress during an evaluation to such an extent that the evaluation never takes off the ground or is terminated prematurely. It is essential to evaluate and take into account the potential limitations inherent in an evaluation.

Evaluator

It is important to define, from the onset, whether it will be an independent evaluation or a participatory evaluation framework. As implied in the names, ‘independent’ and ‘participatory’, independent evaluations are performed by the evaluator without input from the stakeholders (Rossi et al., 2004). Such independent evaluations are ideal when the main rationale of the evaluation is to generate knowledge. Participatory evaluations are recommended either for empowerment, i.e., if the organisation plans to use the results for advocacy activities. Participatory evaluations are also recommended for lowering evaluation anxiety and to encourage the utilisation of the evaluation results (see the next section for a definition of evaluation anxiety) (Donaldson & Scriven, 2003).

Evaluations are grounded in social science research techniques. It is imperative that the lead evaluator is knowledgeable in both evaluation literature and social science research techniques. In addition, each evaluand targets a specific social problem, and thus the evaluator needs also to be familiar with the subject matter specific to the programme. Lastly,

an evaluator should also be guided by ethics in serving the truth and treating the participants involved in the evaluation with dignity and according to ethical guidelines (Patton, 1978).

Context

Evaluations do not occur in a void, thus the evaluation frame-work should be tailored to suit the context of it *evaluand*, i.e., the social, economic and political factors that the *evaluand* is found in (Fitzpatrick et al., 2004). It is also important to assess evaluation anxiety among the stakeholders (Donaldson, 2007). Some common effects of excessive evaluation anxiety include: a difficulty in accessing information critical for an evaluation; a lack of cooperation from the stakeholders; and a failure to utilise the evaluation results (Donaldson & Scriven, 2003; Donaldson, 2007). Understanding the anxiety levels of the stakeholders can assist in putting measures in place to decrease the impact of such anxieties. An extreme example of the effect of evaluation anxiety is illustrated in the 'evaluation from hell' (Rubin, 1997). In this instance, because of extreme evaluation anxiety the programme director violated the evaluation design which she had helped put together, thereby resulting in null evaluation results (Rubin, 1997). To ensure that the evaluation will be utilised, its framework should be tailored to its political, administrative and social context (Rossi et al., 2004).

Purpose of the Evaluation

Evaluations are required for numerous reasons, one being to develop relevant objectives and aims of an evaluation. It is therefore critical for an evaluator to determine the purpose of an evaluation. An evaluation could also be required to guide programme improvement (formative evaluation) or for accountability purposes (summative evaluation), or even be required to guide advocacy activities of an organisation (empowerment evaluation) (Scriven, 1991). Embedded in these three core purposes could be the need for an evaluation to generate knowledge and, in some cases, there could be hidden agendas by those who request an evaluation. In some cases, an evaluator can be commissioned to perform an evaluation under conditions that make their task unfeasible (Rossi et al., 2004). It is thus also key to understand who it is that requires the evaluation and for what purposes. All these elements affect how the evaluation framework could be approached.

Evaluation Approach/Model

There are many different types of programme evaluations, named according to the intended utility of the evaluation or according to who takes part in the evaluation process or according to the approach used for the evaluation, e.g. the results-based approach, a utility-based approach and programme theory-based approaches (Rossi et al., 2004). For pilot and novel programmes, a programme theory-based approach seems to be the most appropriate for the reasons outlined in the next section.

Programme Theory-based Approaches.

Programme theory-based evaluation is based on and guided by the programme theory of the evaluand. This approach aims to elicit and evaluate the links and mechanisms that connect the programme's logic model together (Funnell & Rogers, 2011). If a theory-based approach is used it is important to first elicit the programme theory (see the definition of evaluant above). Thereafter the programme theory can be assessed for plausibility.

This theory-based evaluation approach was first suggested by Weiss (1972) and then critiqued and improved by Rogers and Weiss (1998). This approach is now widely accepted and is gaining popularity in the evaluation field (Bickman & American Evaluation Association, 1987; Chen, 1990; Donaldson, 2007a). Its popularity is promoted by its versatility. A programme theory-based approach has been successfully used in the development of knowledge, the facilitation of organisational learning, the design of programmes, the improvement of existing programmes, in assisting in decision making, and for accountability (Bickman & American Evaluation Association, 1987; Donaldson, 2007; Donaldson, Christie, & Mark, 2009). In addition, theory-based approaches identify meditational steps in the logic of the programme theory which can be essential for its adaptation in new settings or problems and/or new target populations (Chen, 2005). Theory-based approaches also promote the uncovering of unintended consequences through testing assumptions which could have been overlooked during the design of the programme (Bickman & American Evaluation Association, 1987).

There are multiple reasons why programmes fail to deliver on their intended promises (Rossi et al., 2004, as shown in the evaluation results of programmes conducted over the years. The two key areas which lead to programme failure are, firstly a breakdown of

programme theory or the failure of implementation (Rossi et al., 2004). Programmes can fail due to the implementation of an implausible theory and the poor implementation of a sound theory (Rossi et al., 2004). Theory-based approaches are ideal for evaluating pilot programmes as such approaches have the capacity to assess both the programme theory and the implementation aspects of a programme.

CONCLUSION

In order to establish an effective evaluation framework, it is imperative to establish objectives of the evaluation through a thorough understanding of the programme under evaluation and several other factors pertinent to a valid and reliable evaluation. This is what is done in the next chapter.

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CHAPTER TWO: DEVELOPING REDCHATZONE'S EVALUATION FRAMEWORK

This chapter describes the development of the evaluation framework for this study. The framework proposed in Chapter One will guide the development of this current framework.

History and Description of RedChatZone

This section describes RedChatZone, the programme under evaluation. The description of RedChatZone and its history was extracted from programme documents and records and informal discussions with the programme director.

History

RedChatZone was initiated in September 2009 by Cell-Life, with the programme name originating from the slogan, 'Give HIV and AIDS the Red Card'. Cell-Life is a not-for-profit organisation (NPO) based in Cape Town. Cell-Life's vision is 'to improve the lives of people infected and affected by HIV in South Africa through the appropriate use of mobile technology' (Cell-Life, 2011). Cell-Life has three main projects, namely, an ARV-dispensing system (intelligent Dispensing of Anti-Retroviral Therapy (iDART)); a mobile phone-based data collection system, Capture, and the mobile Health (mHealth) projects (Cell-Life, 2011). mHealth is a collective term used to describe any mobile phone-based interventions that are designed specifically for addressing health-related issues. RedChatZone is part of Cell-Life's mHealth project which was funded by Right To Care. In addition to RedChatZone, a sister programme, RED, was also set up by Cell-Life on the Mxit platform to provide HIV and AIDS information in the form of flat content. The Right To Care funding came to an end on 31 March 2011.

RedChatZone's main objective is to exploit mobile phone technologies for HIV and AIDS education and counselling, an objective which is closely aligned with the vision of the programme creators, Cell-Life (Cell-Life, 2010).

Programme Objectives and Services

RedChatZone's services epitomise those of the South Africa's National AIDS Helpline (NAHL) via IM. The NAHL provides telephone-based anonymous, confidential and accessible HIV and AIDS information, counselling and referral to those infected and affected by STIs (sexually transmitted diseases), HIV and AIDS. In addition, the NAHL offers advice on antiretroviral therapy or any other medication relevant to HIV and AIDS. The referral services offered by Lifeline are based on the Karabo Referral Database. The Karabo Referral Database is a collaborative catalogue of HIV and AIDS-related service points available to the public in South Africa. The NAHL assists callers in knowing about these services and helps them to use these facilities. This helpline is offered in 11 official languages and is available 24 hours. The NAHL is operated by Lifeline, an NPO, from funding provided by the South African government. The NAHL has been in existence since 1991.

What is Mxit?

Mxit is an instant messaging (IM) and social networking platform designed to run on Java supported personal computers (PCs) and mobile phones (Mxit, 2011). Mobile phone ownership and use is higher in number in comparison with computers in South Africa, therefore a significant number of Mxit users access RedChatZone via their mobile phones. Users can on the Mxit platform use IM to text chat in real-time, while the social networking aspect allows for several individuals to communicate simultaneously in virtual *chat-rooms* (Mxit, 2011). Counselling provision in the ordinary Mxit *chat-rooms* is not ideal as there is a lack of privacy. To circumvent this problem RLabs, in collaboration with a community-based organisation, Impact Direct Ministries, designed the JamiiX platform (Nitsckie and Parker 2009; Peter Holt, Nimbus Consulting Ltd Sept 2010). JamiiX is a PC-based web-browser platform that allows JamiiX users to hold concurrent, but private conversations, with each of their IM contacts (Nitsckie & Parker, 2009). The effectiveness of the JamiiX platform has already been demonstrated in the Angel programme, the first Mxit-based counselling programme, which focuses on providing services to drug addicts and their families (Nitsckie & Parker, 2009).

JamiiX was implemented in the RedChatZone to enable counsellors to hold concurrent private conversations with Mxit users. The JamiiX developer and implementer of the Angel Drug Counselling Project, Merlon Parker, was contracted to oversee the implementation of JamiiX for the RedChatZone programme (De Tolly, 2010).

Although users pay to chat via Mxit, using this platform is highly cost-effective. Sending a Mxit message in South Africa may cost the sender 35 times less than an SMS message (Chigona et al., 2009), which allows users with minimal income to use the service. As of December 2010, Mxit, had over 27 million users worldwide, with 14.5 million based in South Africa (Mxit, 2011). The age group 12 to 35 years is the most represented group, making up over 80 per cent of the Mxit population (Francke & Weideman, 2007).

Target population

The target population for this programme is the most represented group on Mxit and also the age group most affected by HIV and AIDS in South Africa. Although RedChatZone is accessible to Mxit users based in other countries and to users who use any other type of IM systems. RedChatZone is marketed to its target population only, i.e. Mxit youth based in South Africa.

RedChatZone's Organisational Structure

Cell-Life contracted the NAHL counsellors for the implementation of RedChatZone (De Tolly, 2010). According to the agreement between Cell-Life and the National AIDS Helpline, three of the ten counsellors should provide RedChatZone services between 3pm and 5pm, Monday to Thursday. The NAHL provided 10 counsellors for the RedChatZone service. NAHL counsellors are trained and highly experienced in telephone-based counselling, however, due to the innovative nature of this programme, they were trained to administer IM-based counselling, which is quite distinct from voice-based counselling (De Tolly, 2010).

The NAHL is physically located in Braamfontein in Johannesburg, and through RedChatZone counsellors can provide services to clients accessing RedChatZone via Mxit from diverse geographic locations (see Figure 2.1).

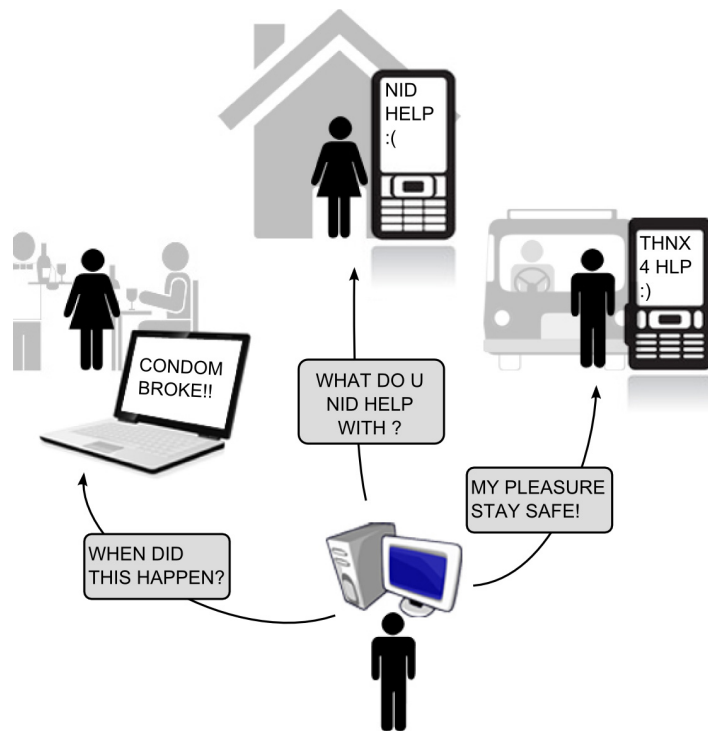


Figure 2.1

HIV and AIDS counsellor holding concurrent sessions with youth via the JamiiX platform (adapted from Nitsckie and Parker, 2009).

RedChatZone is based on a one-to-many model i.e. one counsellor can service multiple clients in a session (see Figure 2.1). Thus one counsellor can text-chat to multiple users in a single counselling session which we will refer to as *concurrency* throughout this dissertation.

Service Utilisation Plan

A service utilisation plan illustrates how clients access and use the services provided by a programme (Rossi et al., 2004). An outline of a utilisation plan is important for identifying programme sections that are not optimal and places where the process could potentially break-down (Chen, 2005). A summary of the service utilisation plan of the RedChatZone is depicted in Figure 2.2

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Figure 2.2

Service Utilization Plan for RedChatZone

There are two avenues through which clients gained access to the RedChatZone, namely via once-off advertising broadcast on 1 December 2009 and through a permanent advert on RED, the HIV and AIDS informational portal on Mxit. RedChatZone was launched through was in flash-screens on Mxit and 10 community newspapers on 1 December 2009.

Since RedChatZone is administered via Mxit, the service utilisation plan of this programme is based on the Mxit protocol. In Mxit, communication is facilitated via the addition of new *chat* contacts at the discretion of Mxit users (Chigona et al., 2009). Thus a contact referred to as, 'RedChatZone' was created on the Mxit platform. Clients request RedChatZone as a *chat* contact on their first attempt to access the services, after this, RedChatZone remains a contact to be used at the discretion of the clients. A client initiates a conversation with a RedChatZone counsellor, never the other way around.

Monitoring of RedChatZone

Monitoring of the RedChatZone services is carried out through two separate processes, namely, an automated computerised system and through research studies conducted by the programme director.

Automated Computerised System

The RedChatZone system is always actively storing information electronically into a MySQL database: text-messages exchanged during conversations, RedChatZone clients' *nicknames*, counsellors available during a session, and the dates and times text messages are exchanged. Clients' *nicknames* and text-messages exchanged during counselling sessions are available to outsiders for research purposes only and under strict instructions not to contact the users and to remove any user identification information before making the results publicly available. Text-messages exchanged during counselling sessions by returning clients using the same mobile phone or *nickname* to access RedChatZone are available to the counsellors during counselling sessions. Counsellors can easily access previous counselling history for a particular client when and if necessary.

In addition to the in-house database, RedChatZone has an automated indicator monitoring system which automatically collects data for 6 indicators. These indicators are available for downloading through a web browser via the internet.

Research Studies.

The programme director collected data for once-off research studies to monitor and evaluate RedChatZone. As stated earlier, data generated from these studies were not subjected to an evaluation.

Counsellor Interviews.

The programme director conducted face-to-face, semi-structured and private interviews in 2010 with 5 counsellors and 4 supervisors from NAHL. The interviews were based on these four main questions:

- What kind of counselling are people getting via Mxit?
- Is the nature of the counselling given via Mxit substantially different from telephone-based counselling?
- How do recipients experience Mxit text-based counselling?
- How do the counsellors perceive Mxit text-based counselling?

Both the original audio tapes and the corresponding transcribed material were made available for this evaluation.

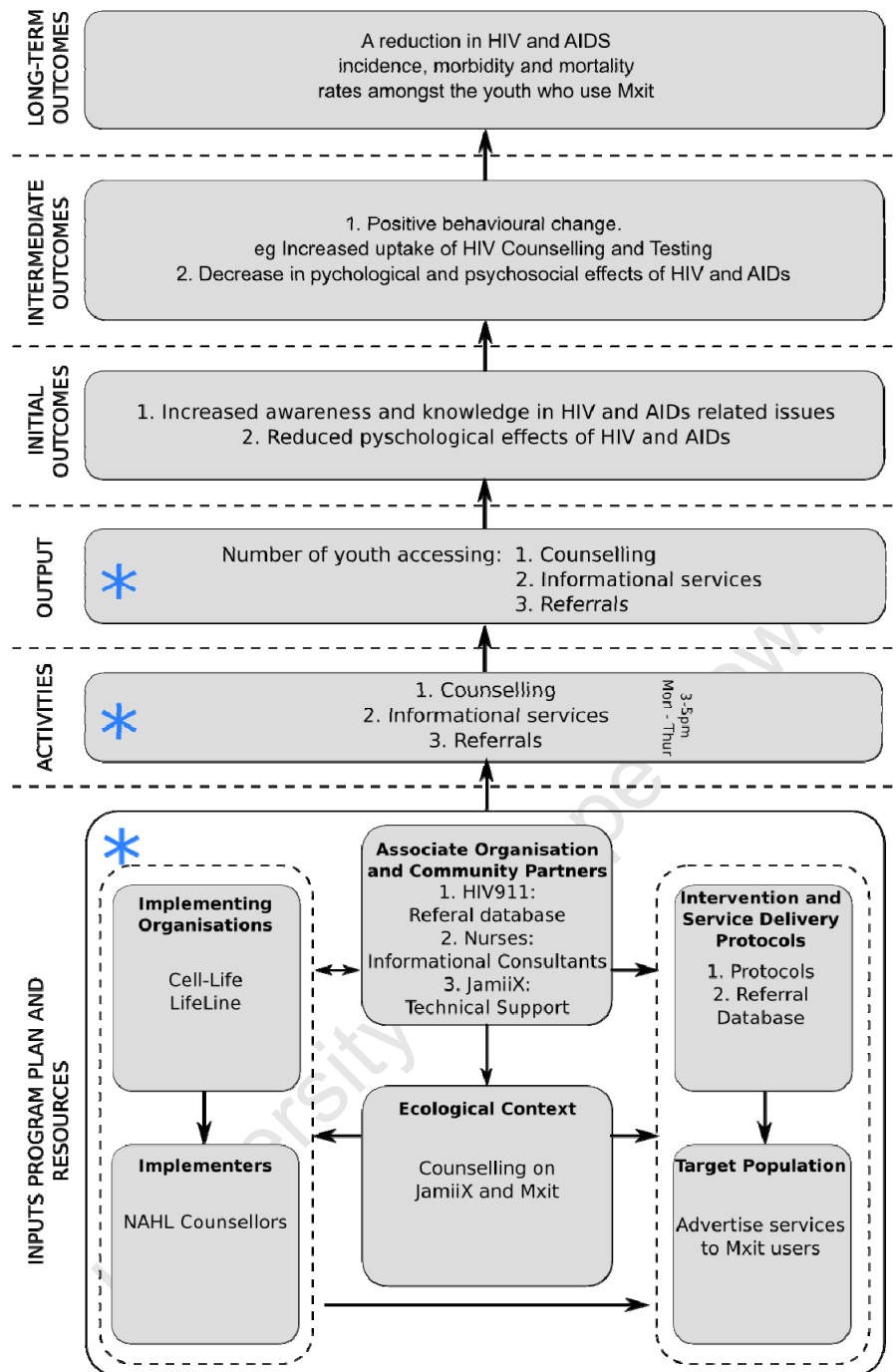
Client Satisfaction Survey.

The programme director developed a questionnaire for RedChatZone which included seven questions with answers based on a Likert scale and one free-response question. This survey aimed to gauge user's satisfaction of RedChatZone services (see Appendix A). The questionnaire was advertised via Mxit and through the RedChatZone counsellors. Counsellors were also asked to advertise the questionnaire to clients after each counselling session. The questionnaire was broadcast on Mxit, between 20 and 24 September 2010. The

raw responses from the clients' satisfaction survey were provided for this evaluation. A total of 914 clients completed the questionnaire of whom 905 were authentic users.

What is RedChatZone's Programme Theory?

The programme theory was made explicit through discussions with the programme staff and analysis of programme documents. This programme theory for RedChatZone assumes that providing anonymous, instant messaging based (IM) services to those affected and infected by HIV and/or AIDS will result in a decreased HIV incidence and prevalence rates among South African youths who use Mxit. The logic model in Figure 2.1 illustrates the links from the programme inputs to intended outcomes (see Chapter One) for a description of a logic model.



*The implementation component of the programme is highlighted by the blue asterisks.

Figure 2.3

Logic Model for RedChatZone

Context of the Evaluation

To further facilitate the development of an evaluation framework, the context of the evaluation was analysed and the objectives of the evaluation formulated.

Since its establishment in 2009, the RedChatZone programme has not been subjected to a full evaluation. As indicated in the introduction, RedChatZone was recently recognised as an innovative technology. There is now mounting pressure to turn this pilot into a stable programme and subsequently reinforce the worth of the programme for such an award. There is urgency to develop documentation and seek funding to avoid the termination of this programme. The start-up funding provided by Right to Care for RedChatZone ceased in March 2011, and although RedChatZone is still on-going, it has no funding.

Greatly to the advantage of RedChatZone, Mxit was proposed as one of the platforms that should be utilised in the ‘National Strategic Plan on HIV and AIDS, STIs and TB 2012-2016’. This is the first time that the South African HIV and AIDS policy has recognised the potential of mobile-based technologies as catalysts for change (South African National AIDS Council, 2011).

The evaluator had been employed by Cell-Life for five months prior to deciding on an evaluation for this programme, and was not involved in setting up the programme nor how it was run. The decision to evaluate this project was based on the potential of the project and the lack of evaluations. At this stage of the project the programme budget did not allow for an external paid evaluator to be employed.

Objectives of the Evaluation

The objectives of the evaluation were developed and clarified in consultation with the programme director. These objectives highlight the potential benefits and utility of the evaluation. These objectives are as follows:

- **Programme documentation:** to facilitate a concise description of the programme, theory, especially clarification and documentation of the objectives and future plans of the programme.

- **Programme improvement:** this evaluation will assess the assumption by the stakeholders that RedChatZone is a successful programme by analysing both the strengths and weaknesses of its programme theory and implementation.
- **Accountability and funding:** documents generated from this evaluation could also be used to report the state of affairs of the programme to the funders, Right To Care. The Right to Care funding period ended on 31 March 2011. This evaluation could also be used to substantiate or secure future funding from different funders.
- **Contribution to knowledge:** the knowledge generated from this evaluation is crucial for the scaling up of the RedChatZone programme and for informing other countries that intend implementing similar programmes.

Evaluation Approach

In consultation with the programme director, it was agreed this study would be a formative evaluation and that a programme theory-driven approach would be used. In part, this evaluation was also a participatory evaluation since it was not performed independently. The programme director agreed to participate in the evaluation.

Evaluation questions

Ideally, before a programme is initiated, the programme theory underlying the programme should be subjected to an evaluation (see Chapter One). However, RedChatZone's programme theory is yet to be evaluated. For this formative evaluation of the RedChatZone, to take place, both a programme-theory based evaluation and an implementation evaluation will be undertaken. To make this formative evaluation tractable, questions were framed aimed at assessing RedChatZone's programme theory and implementation.

Assessment of RedChatZone's programme theory.

An evaluation of a programme theory assesses the conceptualization and design of the programme (Rossi et al., 2004). The evaluation questions are:

- What is RedChatZone's theory of change?

- Is RedChatZone's theory of change plausible?
- Is the platform used to deliver RedChatZone services likely to bring about its intended outcomes/impact?

Implementation evaluation of RedChatZone.

Four main components of RedChatZone's process/implementation were subjected to an evaluation. These implementation components are highlighted by the blue asterisks in the logic model of the RedChatZone, as illustrated in Figure 4.1.

Programme design and organisational plan

- What is the nature of the relationship between Cell-Life and the National AIDS Helpline?
- Is the programme plan, its goals and targets clearly defined?
- Is the training provided for text-based counselling for the National AIDS helpline counsellors in line with international standards?

Usage and service utilisation

- Is the target population clearly defined?
- Who uses RedChatZone?
- Are users representative of the target population?
- How many users are counselled per day/month?
- What proportion of users return for further counselling? On average how often do users return for services?
- What proportion of users who initiate a conversation on RedChatZone get assisted?
- What are the advantages to the users of using RedChatZone?
- How appropriate is the RedChatZone platform for the target population?
- Does the number of clients served justify the programme's existence? (Cost per counselling session will be calculated).

Service delivery

- Is the platform reliable?
- Does RedChatZone comply with professional/legal and ethical standards?
- How well-defined are the operational protocols and procedures for the counsellors?
- Are the programme users satisfied with language, acceptance, support, helpfulness, and knowledge of the counsellor?
- What topics are discussed on the RedChatZone?
- Is the counselling delivered in the same manner by all counsellors?
- Are the counsellors competent in the skills required for text-based counselling?
- Is there a referral process in this programme that is functional?
- Is the referral system appropriate and adequate?
- How often do counsellors use the informational resources that they should be accessing during sessions?
- Do the counsellors give accurate information about HIV and AIDS to the clients?

The evaluation questions and the method section in Chapters Two and Three were approved by the University of Cape Town's Commerce Ethics in Research Committee before the evaluation was begun. RedChatZone does not have a disclaimer in place to alert its clients of the possibility that their conversations could be used for research purposes. Unfortunately, consent could not be obtained from the users of the counselling service due to the anonymous nature of the service. The evaluation framework presented in this chapter will guide the entire evaluation described in this study.

CHAPTER THREE: PROGRAMME THEORY

A programme theory evaluation focuses on assessing the conceptualisation and design of the programme, as interventions based on one that is weak are unlikely to succeed (Rossi et al., 2004). This chapter is an evaluation of the plausibility of RedChatZone's programme theory. The evaluation questions (also described in Chapter 2), below, were used to guide an evaluation of RedChatZone's programme theory.

- Is there a need for RedChatZone in the target population?
- Is the change presumed in the programme theory plausible?
- According to what is known from social science research are there documented advantages of using RedChatZone for the clients and counsellors
- What are the critical assumptions in RedChatZone programme theory?

Data Sources and Procedure

Data Sources

A literature review was conducted to facilitate the evaluation of RedChatZone's programme theory. Material used in the literature review was obtained through searching the databases described in Table 3.1. Keywords used for the database searches included "Hotlines", "Helplines", "e-counselling", "instant-messaging based counselling", "evaluation", " Mxit", "HIV helplines" , "text-based counselling", "evaluation of counselling", "HIV and AIDS" and "online counselling". Articles were subsequently filtered for relevance based on their abstracts. In addition, programme documents were obtained from the programme director.

Table 3.1*Description of databases used for literature searches*

Database	Description	Website
PubMed	A public available database of more than 21 million references to published literature and books. This database belongs to and is maintained by the US National Library of Medicine	www.ncbi.nlm.nih.gov/pubmed/
Scirus	This database allows researchers to search for scientific journal content, pre-print material, patents and institutional repository and information in over 440 million websites.	www.scirus.com
Google Scholar	Allows one to search for scholarly information in published articles, theses, books, abstracts, online repositories, universities and other web sites.	http://scholar.google.co.za/
Mobile Active	This portal promotes and provides a platform for the sharing of information and resources by organisations and individuals that use mobile technology for social change.	http://mobileactive.org/

Programme records and documents for the RedChatZone programme were made available to the evaluator. These records and documents were originally developed for advertising purposes, reporting to the funder, and for the generation of knowledge.

Programme Description: A documented description of RedChatZone was extracted from the www.mobileactive.org website dated August 2010. Mobile active is an internet based network of more than 20,000 people globally. This network promotes sharing of information amongst organisations and individuals that are interested in or use mobile phones for social improvement. Sharing documents on this site is also a form of advertising.

Reports for Funder: The programme director sent quarterly reports to the funders detailing coverage of the programme and financial statements.

Interview with the Programme Directors

The evaluator could not interview representatives from NAHL and Marlon Parker due to time constraints.

Procedure

Material obtained from the literature searches was assessed for relevance by reading through the summaries and abstracts. A set of the most relevant articles was compiled and critically reviewed in accordance with the evaluation questions. Programme documents were thematically analysed and relevant themes and information pertinent to this programme theory evaluation were extracted. The most relevant information pertaining to the evaluation question was subsequently used to present the answers in this chapter.

RESULTS

It emerged in the process of conducting this evaluation that RedChatZone was not developed with a coherent theory. In an attempt to get clarity on RedChatZone, its programme theory was elicited by the evaluator from the programme director. This section presents findings from the evaluation of RedChatZone's programme theory presented in Chapter 1.

Is there a need for the RedChatZone services?

An official needs assessment of the RedChatZone programme was not performed prior to its initiation. The identification of the needs, outlined below, support the existence of RedChatZone.

Need for accurate HIV information.

The level of HIV and AIDS awareness amongst South African youth is neither high nor widespread (Shisana & Simbayi, 2009). Many young people still harbour misconceptions about HIV transmission and are drawn towards risky sexual behaviour (Kalichman & Simbayi, 2003; Shisana & Simbayi, 2009). HIV and AIDS educational interventions that offer one-on-one, face-to-face interaction (Goldstein, Usdin, Scheepers, & Japhet, 2005; Health and Development Africa; Taylor et al., 2010) are not always accessible to all youth (Shisana & Simbayi, 2009). Transport problems, availability, and affordability of services are some of the structural barriers to accessibility that have been identified as leading in part to the poor uptake of face-to-face sessions (Peltzer, Mlambo, & Phaweni, 2010). This means that what is required is an innovative way of reaching youth through two-way communication strategies that have high penetration rates and are easily accessible.

Stigma and discrimination.

Research suggests that people living with HIV and AIDS experience numerous negative psychological and psychosocial consequences including stigma and discrimination (Nurutdinova et al., 2011). Stigmas are a major hindrance in the fight against the HIV epidemic (Kalichman et al., 2009). Stigmas have been seen to negatively affect the uptake and effectiveness of counselling services which are part of HIV Counselling and Testing (HCT) services (Simbayi et al., 2007). HCT is key towards decreasing onward transmission and to access to treatment for those who test HIV positive (Kalichman & Simbayi, 2003; Silvestri et al., 2011; Taylor et al., 2010). Clients found to be HIV positive often avoid lengthy post-counselling sessions which are recommended after testing for HIV for fear that their peers will be able to decipher their HIV-positive status (Taylor et al., 2010). This example shows how the stigmas associated with an HIV positive status compromises the effectiveness of HCT and highlights the need for counselling platforms that ensure privacy, therefore protecting clients from discrimination.

Telephone-based HIV and AIDS Helpline not sufficient.

Given some of the problems associated with access to HIV and AIDS services and the discrimination that sufferers are subjected to, it seems reasonable to conclude that remote access to HIV-related information and counselling services are needed. To this end, NAHL offers a 24-hour telephone-based informational and counselling service to the South African public (National AIDS Helpline, 2011). This helpline is free to users who call from landlines in South Africa. However, only 34 per cent of South Africans have access to a landline telephone in their house in comparison with 96 per cent of the population that possess mobile phones (International Telecommunication Union, 2009; Katz, 2004).

Even when clients have access to landlines to make the free calls to the NAHL lack of privacy can be an issue for those who live in busy households or who have to resort to using public landline telephones to access the services. Those accessing the NAHL through public telephones may be constrained by time if there are other people waiting in a queue to use the telephone, thereby resulting in the premature termination of conversations (Katz, 2004).

In addition to these disadvantages for the clients of using the NAHL, the service can be emotionally taxing to counsellors due to the numerous hoax calls they receive on this platform (Katz, 2004). Based on statistics from the NAHL over 23 per cent of calls to this helpline are hoax calls (Katz, 2004), no doubt influenced by the cost-free nature of the service for landline users.

Need for counselling among the youth via Mxit.

The need for a Mxit-based HIV related platform specific to the youth was highlighted by conversations that were recorded in the *Dr Maths* programme (Butgereit, 2007). *Dr Maths*, the first Mxit-based tutoring programme, was established as a result of collaboration between the University of Pretoria and the Council for Scientific and Industrial Research (CSIR). Students from the University of Pretoria provide text-based counselling to high school learners across the country. It was found that in some of the tutoring sessions the high school learners asked for advice on issues related to sexual behaviour and relationships (Butgereit, 2007). Sexual behaviour questions on *Dr Maths* highlighted the need and acceptability of a Mxit-based counselling service that could deal more effectively with these and other related issues. Based on the information above it seemed that a need for something like RedChatZone was apparent.

What are RedChatZone's strategic goals and future plans?

None of programme documents outline RedChatZone's strategic goals and future plans. Thus it can be deduced that RedChatZone does not have articulated strategic goals and future plans.

According to other research is RedChatZone's theory of change plausible?

At its core, RedChatZone is a helpline. Helplines were first used in the HIV and AIDS arena in the 1980s to address the infections rates among the homosexual communities in San Francisco and New York where the first AIDS-related illnesses had been documented. Even though most of these help-lines have stabilised and matured to such a stage that impact studies can be conducted, there is scarcity of impact evaluations in this field. A factor that perpetuates the lack of comprehensive impact studies is the anonymity associated with helplines, and the fact that most people access helplines as once-off services. Most evaluations of helplines are less concerned about the impact of behavioural change and instead focus more on outcomes that are easier to measure, such as increased awareness and user satisfaction (Bos, Visser, Tempert, & Schaalma, 2004; Gerber, Stolley, Thompson, Sharp, & Fitzgibbon, 2009; Sherman, Cocohoba, Neff, & Dong, 2011). Such surveys have been unable to prove a causal effect between the helpline and intended outcomes. The more sophisticated helplines perform 'intention to change behaviour' surveys, which give an indication of whether the clients are likely to change behaviour. Due to this lack of cause-effect with regard to their intended outcomes, it seems best to draw on other areas of research to test the plausibility of the RedChatZone programme theory. The likelihood of RedChatZone activities to bring about its intermediate outcomes was, thus, tested.

Likelihood of RedChatZone to promote behavioural change.

According to RedChatZone's logic model (see Figure 2.3), the programme's activities, should lead to behavioural modification. Behaviour modification is difficult to attribute to causality (Ntshebe, Pitso, & Segobye, 2006; Ross, 2010). There are numerous models to explain the different stages an individual goes through during a behavioural modification process as well as the factors that influence behavioural change. In the health sector such models have served for many years as blue-prints for the design and delivery of behavioural modifications interventions. These include the Health Belief Model (Janz & Becker, 1984) and the Stages of Change Model/Transtheoretical Model (DiClemente et al., 1991). According to behavioural change models, several intrinsic factors influence one's ability to change one's behaviour in a health context. These factors include an individual's intention to change the behaviour in question, the perceived rewards and costs associated with behavioural modification, the beliefs underlying the behaviour and beliefs about one's ability to perform and maintain the behaviour (DiClemente et al., 1991; Janz & Becker, 1984; Zhang et al., 2011).

Evidence from research based on behavioural modification refutes the stated assumption in RedChatZone's programme theory that knowledge can lead to behavioural change (Albarracin et al., 2005; Ntshebe et al., 2006). A poor correlation is consistently reported between high levels of knowledge as well as an awareness of risk factors, and a reduction in sexual risk-taking behaviour (Albarracin et al., 2005). Social science research supports view that the provision of accurate and reliable information and referral services can only raise awareness and knowledge in HIV and AIDS (Albarracin et al., 2005). In contrast, the brief counselling provided on RedChatZone is used widely in the HIV and AIDS field and has been used extensively and successfully to promote behavioural change in different communities and settings (Carpenter, Stoner, Mikko, Dhanak, & Parsons, 2010; Dilley et al., 2007).

Brief counselling is a broad term, and its effectiveness is based on the numerous techniques used in its implementation (Audrain-McGovern et al., 2011; Picciano, Roffman, Kalichman, & Walker, 2007). The brief counselling technique that is employed by the NAHL counsellors is not based on a peer-reviewed behaviour change model. Although the training provided by Lifeline to the NAHL counsellors was developed in the 1950s and has been continually refined throughout the years, according to the literature review conducted for this work there is no concrete evidence that it leads to behavioural change. According to a review

that compared the magnitude of effect sizes of HIV-prevention interventions that are guided by behavioural change theory and evidence-based techniques with interventions that are theory-free, larger effect sizes were found for interventions based on a sound behavioural change theory as opposed to those that were theory-free (Albarracin et al., 2005). To this end, literature searches were conducted to identify a behavioural change model that best suits the behaviour change technique used in RedChatZone and to identify an evidence-based technique that is best suited to administer the behavioural change model in question.

The requirements for RedChatZone are that the technique should be capable of having an impact through brief counselling and even once-off sessions. Both the behavioural change model and the technique for the implementation of RedChatZone should take into account that clients who access RedChatZone at different stages of their behavioural change process, should affect both the physiological (e.g. drug adherence) and mental health aspects (psychosocial and psychological) of HIV and AIDS sufferers that require behavioural modification. Due to the nature of RedChatZone implementers, the effectiveness of the intervention when delivered remotely by lay counsellors is required. In addition, the technique should be easy enough to monitor and evaluate to ensure counselling fidelity is adhered to. The Stages of Change Model, implemented via motivational interviewing (MI), seems, according to the literature search, to fit all these requirements.

The Stages of Change Model posits that behavioural change happens in a predictable manner and it focuses on an individual's readiness to change (DiClemente et al., 1991). The model explains behavioural change based on five phases an individual goes through to change. These stages are:

1. precontemplation: the individual at this stage has not considered changing their behaviour, they see no need to do so;
2. contemplation: the individual is aware they have a problematic behaviour which needs to be changed;
3. preparation; the individual is ready to change and can even set goals. Such individuals could have attempted to change their behaviour before, but failed;
4. action: the individual starts and successfully (possibly over time) modifies their behaviour; and
5. maintenance: the individual works to maintain newly attained behaviour.

MI is a technique designed to promote behavioural change (Miller, 1996; Miller, Yahne, & Tonigan, 2003; Rubak, Sandbaek, Lauritzen, & Christensen, 2005). In MI,

counselling is “client-centered”, the counsellor’s role is to induce the client’s self-efficacy in their ability to change behaviour through reflective listening and directive questioning (Miller, 1996; Miller, Yahne, & Tonigan, 2003; Rubak et al., 2005). The strategies of MI are persuasion and support at whatever stage the clients are at (Hettema, Steele, & Miller, 2005; Scales, Miller, & Burden, 2003). MI guides clients into thinking differently about their risky or health compromising behaviour and to consider the benefits or rewards for changing it. MI recognizes and considers that each client is at a different stage of the Stages of Change Model (see Figure 3.1). The Stages of Change Model theory is depicted in Figure 3.1, and overlaid onto it are the most likely points where an individual could default and exit the behavioural modification path. According to the Stages of the Change Model, people at different stages have stage-specific psychosocial characteristics (DiClemente et al., 1991). The MI technique addresses the psychosocial characteristics and aims to encourage individuals to move along the stages in their quest to change their behavior.

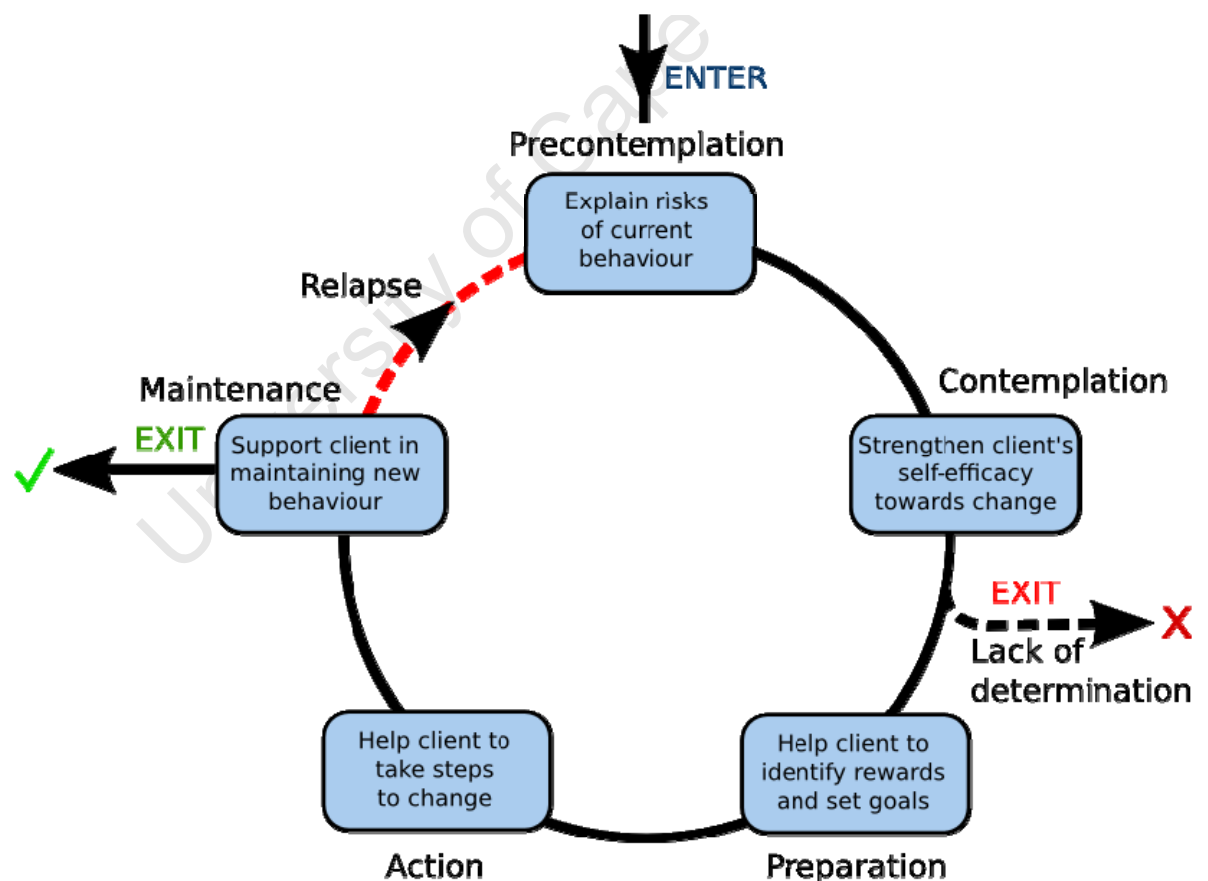


Figure 3.1

An illustration of how Motivational Interviewing can be used to assist individuals at different levels of the Stages of Behaviour Model

The effectiveness of motivational interviewing is well established (Miller, Yahne, & Tonigan, 2003; Rubak et al., 2005; Scales et al., 2003). MI has been shown to be effective even in brief counselling encounters of 15 minutes. Its effect increases significantly when clients have several counselling encounters (Rubak et al., 2005). Based on a meta-analysis, MI was found to have a positive effect in 75 per cent of the studies, and to have an effect regardless of the nature of the problem (that is, whether psychological or physiological) (Rubak et al., 2005). In RedChatZone, counselling is administered via text and remotely unlike face-to-face counselling which is the commonly used mode for administering MI. Fortunately MI's effectiveness has also been proven for telephone-based counselling and online counselling both of which have minimal contact between clients and counsellors (Hettema et al., 2005; Picciano et al., 2007). In an online intervention, twenty women participated in an 8-week weight loss MI-based programme. Self-reported weight and motivation were measured at pre- and post intervention and demonstrated the effectiveness of MI in the intervention group in comparison with the control group (Webber, Tate, & Quintiliani, 2008).

There are no apparent harmful or adverse effects of MI, even when administered by non-professional counsellors such as lay counsellors (Rubak et al., 2005). This is an important factor worth noting since RedChatZone uses lay counsellors to administer its services. Opportunely there exists evidence to suggest that training South African lay-counsellors in the MI technique is feasible (Evangeli et al., 2009). A year after an MI technique workshop took place, the lay counsellors retained and did not show reduction in the MI skills that they attained in a workshop (Evangeli, Longley, & Swartz, 2011). Another advantage of MI is that it has valid and reliable instruments that can be used for continual monitoring of the counsellors' skills, the quality of the counselling sessions, and client-related outcomes (Rubak et al., 2005).

Likelihood of RedChatZone in decreasing psychosocial and psychological consequence of being infected or affected by HIV and AIDs.

There are numerous psychosocial and psychological factors that could affect those infected or affected by HIV and AIDs (Brandt, 2009; Nurutdinova et al., 2011). Brief counselling sessions might not be ideal for some of the factors but most of individuals require long-term interventions or counselling.

Revision of RedChatZone's Logic Model.

After taking into account all the evidence presented above, a slight amendment to the RedChatZone programme theory is suggested and summarised in Figure 3.1 below. The proposed logic model illustrates that counselling provided only via RedChatZone is likely to bring about behavioural change and lower the mental effect of HIV and AIDS in the clients.

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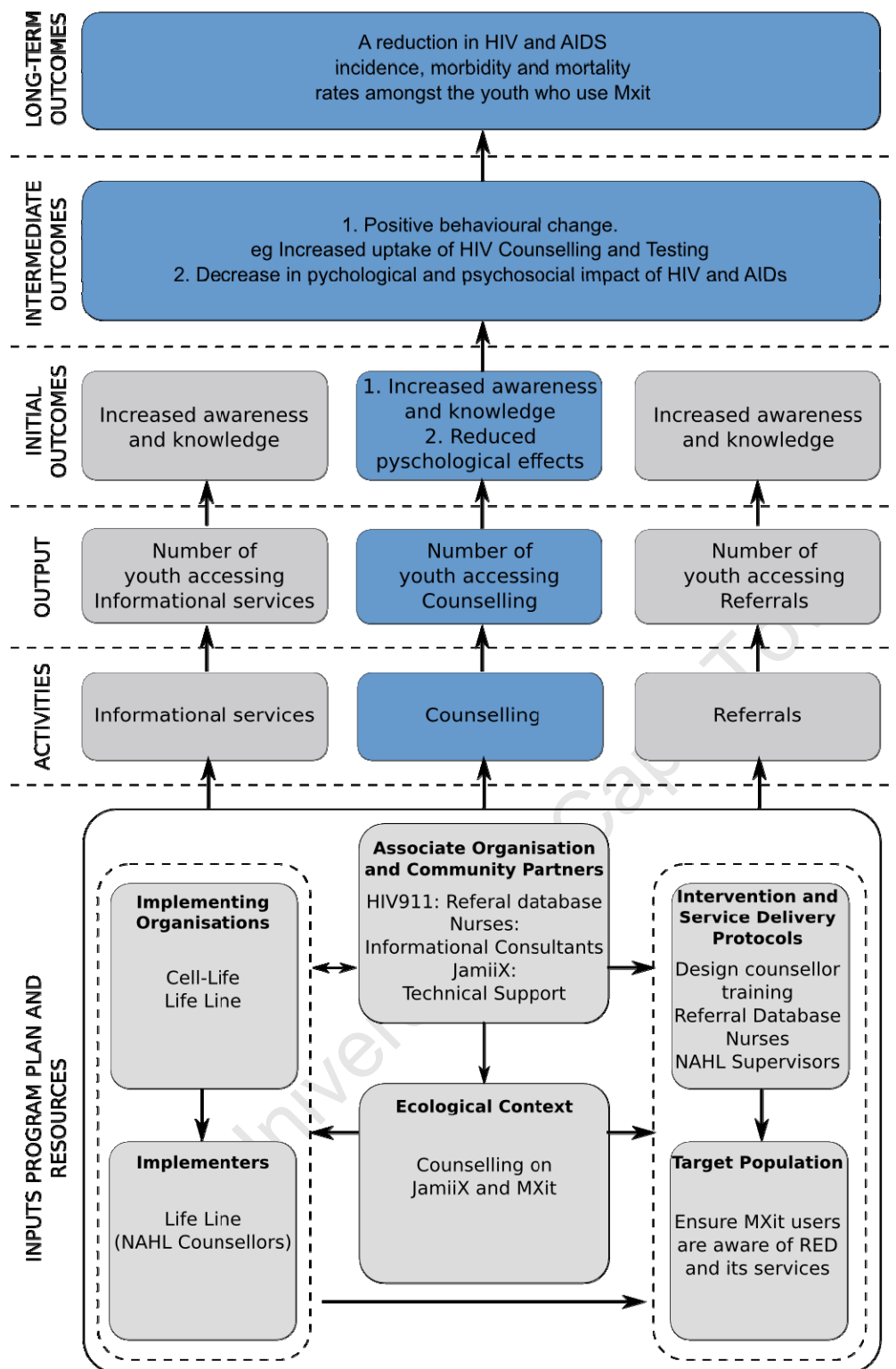


Figure 3.1

A Revised Logic Model of RedChatZone

Is RedChatZone likely to bring about its intended outcomes and impact on its current platform?

To answer this evaluation question, ideally HIV and AIDS programmes that offer comparative services on a platform similar to that of RedChatZone should be assessed for impact. However, since RedChatZone, as the first HIV and AIDS Helpline offered via the Mxit platform, impact evaluations of text-based programmes that share core features with RedChatZone are reviewed instead. RedChatZone's core features are depicted in Figure 3.1 and the relevant programmes that share these features with RedChatZone are evaluated in detail under the relevant sub-sections.

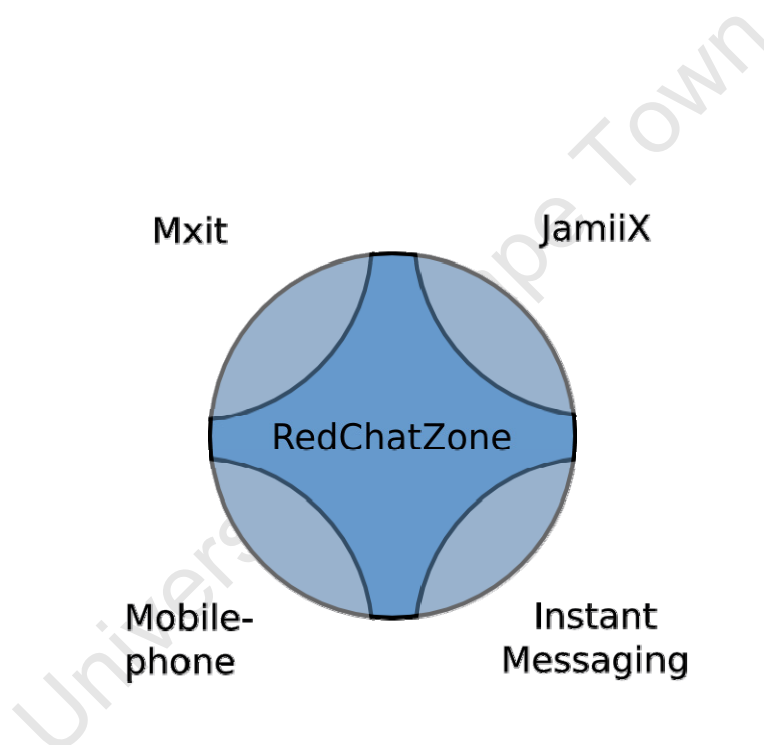


Figure 3.3

Illustration of the defining components of the RedChatZone platform

IM-based counselling

A review of online interventions targeting different problem areas showed that their effectiveness is similar to traditional face-to-face interventions (Rochlen, Zack, & Speyer, 2004). Provision of support and problem solving through IM has been shown to be effective

in online interventions (Golkaramnay, Bauer, Haug, Wolf, & Kordy, 2007; Griffiths, Lindenmeyer, Powell, Lowe, & Thorogood, 2006). The feasibility of IM for counselling in the HIV and AIDS field was first demonstrated via internet-based chat-rooms (Feldacker, Torrone, Triplette, Smith, & Leone, 2010; McFarlane, Kachur, Klausner, Roland, & Cohen, 2005), where the counsellors state exactly who they are and what their purpose is in the *chat-rooms* and then answer questions about safer sex practices and other HIV and AIDS relevant questions.

IM-based HIV and AIDS counselling was initially geared towards specific target groups such as men who have sex with men (MSM) in geographically-specific chat-rooms as was done in the PowerON programme (Moskowitz, Melton, & Owczarzak, 2009). To administer counselling, the PowerON programme chose specific internet-based social networking chat-rooms. Two counsellors would enter geographically-based chat-rooms and administer counselling in sessions that were private and anonymous (McFarlane et al., 2005; Moskowitz et al., 2009). Although the actual impact of this counselling on behaviour change has not been quantified, analysis of text-based conversations carried out between counsellors and clients showed that most of the themes were relevant to HIV and AIDS. This highlighted the acceptability of IM-based counselling in the HIV and AIDS field.

Text-based counselling via mobile phones

Numerous text-based HIV and AIDS helplines are being provided across the globe for youth (see Table 3.1), however, most such text-based services have not been formally evaluated. Their acceptability and the quality of service of these programmes is evidenced by usage statistics and user feedback. Most of these SMS-based services are not free-standing but supplement face-to-face and telephone-based counselling.

Table 3.1: Mobile phone text based counselling

Organisation	Year	Country	Target Population	Website
Childline	--	UK	Youths	http://www.childline.org.uk
Youthline	2004	New Zealand	Youths	http://www.youthline.co.nz
Kid Help Line	2005	Australia	5-18 year olds	http://www.kidshelp.com.au/

Mxit-based counselling

The world's first Mxit IM-based counselling service was established through the Angel programme by the Rlabs under the leadership of Marlon Parker in Cape Town. The Angel programme was implemented by the Rlabs in collaboration with IDM as previously mentioned in Chapter two (Nitsckie and Parker, 2009). The IDM centre is based in Athlone, a suburb of Cape Town. IDM initially focused solely on face-to-face counselling services for the drug addicts, family and friends. The shift by IDM into Mxit based counselling occurred in 2008 making the Angel collaborators leaders in using the Mxit platform for counselling purposes.

The counselling services are geared towards counselling on the description and effects of commonly abused drugs and substances. Former drug addicts and substance abusers are trained to be counsellors on the Mxit platform (Nitsckie and Parker, 2009), which makes the counselling sessions highly relevant, with advice based on personal experiences.

Due to the one-to-many counselling model made possible through the JamiiX platform, a single Angel counsellor can help on average 27 clients within a two-hour counselling session. A single counselling conversation has an average of 29 messages from each user. The entire Angel system receives at least 200 requests an hour (Nitsckie and Parker, 2009).

Initially the Angel service was available for two hours twice per week (Nitsckie and Parker, 2009). Currently, services on Angel are offered on a daily basis between 3pm and 6pm. The Angel counselling service started as a pilot project in a couple of schools, and now has over 50,000 people that receive or have received counselling through their counselling services. The success of the Angel project is demonstrated by the wide-spread acceptance of the project. However, there is no publicly available data on its effectiveness in the rehabilitation of drug and substance abuse users in Athlone.

Several factors were instrumental in the wide-spread adoption of the Angel counselling service. Mxit is accessible and convenient for the users (Nitsckie and Parker, 2009). In addition, because Angel is available via Mxit, one of the most popular social networking platforms in South Africa, it is easier to engage with the youth on this platform, according to Marlon Parker its “main objective was to meet the youth on a platform that they are comfortable with as a first point of contact, where they can express themselves”.

What are the implicit programme assumptions?

Five implicit assumptions embedded in the programme theory were deduced by the evaluator. These assumptions were tested based on reports from other mobile phone programmes which are implemented virtually or remotely. These tests were undertaken in order to learn from previous research and ideally the testing of these assumptions should have been done prior to the commencement of this study to help design a new programme.

Assumption 1: All individuals who access RedChatZone are suitable for virtual counselling.

RedChatZone does not filter any of the Mxit users, anyone who uses Mxit can access its services. This is based on a false assumption that all Mxit users are suitable for virtual counselling. Not everyone is suitable for virtual counselling: personality plays a huge role in the profile of those suited for online counselling (Rochlen et al., 2004). Introverts and those with anxiety disorders may be more inclined towards virtual counselling than extroverts, as it offers them a much-needed anonymity.

Assumption 2: All RedChatZone clients have HIV and AIDS-related problems that can be counselled via RedChatZone.

This assumption is based on the fact that RedChatZone does not restrict questions and needs that are HIV & AIDS related that can be addressed on this platform: clients can ask any question. However, those affected and infected by HIV and AIDS can suffer from a range of

psychological and psychosocial problems such as chronic depression (Kuo, Operario, & Cluver, 2011; Nurutdinova et al., 2011). Some of the psychological problems require long-term and face-to-face therapy and the RedChatZone services might not be the ideal intervention for those who need long-term and/or face-to-face therapy.

Assumption 3: The referral system is well received by the clients.

Based on the description of the service clients can be referred to other HIV and AIDS care services on the assumption that this process of referral is well-received. According to published research, referrals from text-based counselling can in some instances, have a negative impact on those being counselled (Haxell, 2010). A text-based youth counselling service that was offered as part of New Zealand's National Youth Helpline counselling service initially required that the counsellors avoid in-depth text-based conversations and were supposed to terminate lengthy conversations by referring the clients to phone-based counselling (Haxell, 2000). Analysis of stored text messages revealed that some clients preferred being counselled solely via IM. Clients gave excuses such as not wanting to be heard, "Cn I just txt I don wan 2b heard" or being shy "Kn I txt im a byt shy", not having access to a phone, and some were even rude towards the counsellors after being referred "if I wanted to cal I fkn wold hav". The interviewed clients had been emotionally distressed after getting the referral text messages. Some clients felt they were being referred because they had done something wrong on the text-based counselling platform. It was such evidence of the potential negative impact referrals could have on clients that resulted in the Youth Helpline altering their referral policy (Haxell, 2010).

Assumption 4: Absence of nonverbal behaviours and tone of voice is does not affect quality of counselling.

Verbal cues and changes in tone of voice are normally used by counsellors during face-to-face counselling sessions. Their absence in text-based counselling could lead to misunderstandings which could be avoided in face-to-face counselling (Rochlen et al., 2004; Haxell, 2010).

Assumption 5: Counsellors trained for telephonic-based counselling have sufficient skills to administer text-based counselling.

There are numerous inherent differences between telephonic- and IM-based counselling. The training of counsellors should thus address these differences. Online communication skills and techniques are quite distinct from voice-based telephone-based communication and procedures for initiating and terminating sessions require different approaches for quality control are required (Finn and Hughes, 2008). One cannot assume counsellors competent in telephonic counselling will automatically excel at IM-based counselling.

What are the international guidelines and standards that should direct the implementation of RedChatZone?

As RedChatZone is a novel programme, there are no international guidelines or standards specific to it. To overcome this hurdle, an amalgamation of guidelines and standards from NAHL, the American Psychology Association (APA) and American Counselling Association and the Mxit code of conduct could be used (see Appendix B).

Discussion

Based on the results from this chapter, RedChatZone's underlying programme theory is plausible with minor adjustment to the logic model are required. These adjustments safeguard the theory from overstating the capacity of RedChatZone to bring about its intended outcomes and impact. The plausibility of the programme theory was supported by a needs assessment of RedChatZone's target population, and the likelihood that RedChatZone will bring about its intended outcomes.

A programme should be designed to address the needs of its target population effectively. A programme that fails to address these effectively compromises its relevance and ability to bring about its intended outcomes (Rossi et al., 2004). In some cases, the target population does not recognise the need for such a programme, hence an educational component has to be designed into it (Posavac & Carey, 2007). Fortunately, RedChatZone's target population can access RedChatZone without any training required. The target

population highlighted the need for a service such as RedChatZone through another Mxit-based educational portal, *Dr Maths*.

While the target group's need for RedChatZone are well-established, populations are not static nor are technologies stagnant. For a programme to remain relevant for its target population it should align itself with the current needs of the target population (Fitzpatrick et al., 2004). Hence RedChatZone requires regular needs assessments. For example, stigma and discrimination associated with HIV and AIDS present long-term psychological and psychosocial problem (Kalichman & Simbayi, 2003; Meiberg, Bos, Onya, & Schaalma, 2008). Therefore, the need for anonymous and private platforms such as RedChatZone might continue into the future while other needs might not be as relevant in the future.

The relevancy and need for the RedChatZone programme is further supported by the wide-spread availability of mobile phones, which are a popular commodity amongst South Africans in general. RedChatZone leverages the cost-effectiveness and popularity of the Mxit media amongst its target population. According to research, a programme which is based on an already widely adopted technology increases the likelihood it will be adopted with ease by its target population and achieve its intended outcomes.

In an effort to increase the likelihood of RedChatZone bringing about behavioural modification, the programme should be based on an evidence-based behavioural change theory and an evidence-based technique of service implementation. Numerous advantages exist for using such evidence-based strategies. As highlighted in the present findings, evidence-based implementations can maximise the outcomes of an intervention (Rubak et al., 2005; Scales et al., 2003). In addition, most have valid and reliable tools to evaluate the effectiveness of counselling (Rubak et al., 2005).

A programme with a sound theory and which is widely adopted by the target group can sometimes fail due to unstated assumptions that negatively impact on the programme's outcomes in ways that were not envisaged (Posavac & Carey, 2007). Evidence from evaluations of other text-based interventions further highlight how the unintended impacts of implicit assumptions could negate RedChatZone's well-intended activities (Posavac & Carey, 2007). Therefore, to avoid compromising the integrity of the RedChatZone programme the assumptions presented in this chapter warrant further investigation.

Programme personnel of pilot programmes such as RedChatZone draw on numerous resources to build evidence to support the programme theory and to compile guidelines that direct the implementation of pilot programmes. It is also important to select and train implementers who have the potential to effectively implement the programme with fidelity to

the programme theory. Training material should be considered for a smooth transition from voice-based to text-based counselling. Training material should include how to effectively offer counselling via text and some monitoring and evaluation of the quality and consistency of the counselling service.

While the impact and outcomes of most IM-based counselling services are yet to be fully investigated, there is a growing amount of evidence which explores the motives and experiences of young people that have used IM-based counselling services in different locations and countries (Nitsckie and Parker 2009). In addition to the positive experiences reported by clients who accessed virtual counselling, the anonymous nature of online counselling has been reported to reduce barriers to information-seeking behaviour and promote open communication (Gould, Munfakh, Lubell, Kleinman, & Parker, 2002).

A programme theory allows one to test and investigate unstated assumptions of a programme systematically (Connell, et al. 1995). Evaluations that proceed without assessment of the programme theory can lead to vague evaluation findings (Rossi et al., 2004). Even a well-implemented programme that is based on a flawed theory can produce positive results by chance. If such an intervention is taken to scale or implemented elsewhere without understanding how and what makes the programme able to bring about the observed outcomes, it is likely to fail. This programme theory evaluation identified areas in the conceptualisation of RedChatZone that are key to its success.

CHAPTER FOUR: IMPLEMENTATION EVALUATION OF RED

A programme should translate from its programme theory into a fully operational programme in order to bring about its intended outcomes effectively. Ineffective implementation of a plausible programme theory could lead to programme failure (Rossi et al., 2004). This chapter outlines the evaluation of RedChatZone and focuses on the operational component of this programme (Rossi et al., 2004). The chapter is presented as a free-standing evaluation, with its own methods, results and discussion sections. Data was analysed in line with the evaluation questions presented in Chapter two which seek to assess each component of the implementation: the programme function, coverage and the service delivery process, defined by Rossi et al. (2004).

Data Sources and Procedure

RedChatZone database

For the purposes of this evaluation the analysis of the RedChatZone database was restricted to conversations exchanged between counsellors and programme users over a period of 23 months, from 1 October 2009 to 31 August 2011. A data quality check was performed prior to the assessment of the data. The main language of communication on RedChatZone is the Mxit chat language in which a single word can be represented by many slang or 'chat' words. A Mxit language dictionary was used to facilitate ease of comprehension of the RedChatZone database. This dictionary translates the Mxit language into English (see Appendix C). Sentences were extracted from the RedChatZone database and broken down into words so as to create the Mxit language dictionary. Two independent Mxit users, aged 25 and 18, reviewed the dictionary for accuracy. Descriptive statistics and the graphical representation of results were conducted through a combination of SQL, Perl and the statistical package R version 2.13.2 (Ihaka & Gentleman, 1996).

In-depth analysis of randomly selected conversations.

A random sample of two hundred conversation was drawn, stratified by day. A conversation was defined as: a complete set of a text messages exchanged between a counsellor and a single client during a single RedChatZone session. Text messages from clients who never received a response from a counsellor were not considered as conversations and discarded from further analysis. Based on a preliminary analysis of conversations randomly sampled from the database, the randomisation process was also restricted to conversations that had at least six text messages exchanged between a counsellor and client. An in-depth qualitative analysis of the conversations was performed using the Atlas.ti software (Muh, 2004). Themes generated by an independent researcher at Cell-Life during a preliminary analysis were used to initiate the coding process. The coding process was iterative until all themes in the conversations were saturated. Descriptive statistics and the graphical representation of results were conducted in the statistical package R version 2.13.2 (Ihaka & Gentleman, 1996).

Internal Evaluation.

The programme director conducted face-to-face, semi-structured and private interviews with five counsellors and four supervisors from NAHL in 2010, (see Appendix A for detailed protocol). The interviews explored four main questions:

- What kind of counselling are people getting via Mxit?
- Is the nature of the counselling given via Mxit substantially different from telephone-based counselling?
- How do recipients experience Mxit text-based counselling?
- How do the counsellors themselves perceive Mxit text-based counselling?

The original audio tapes and transcribed material were made available for this evaluation. A qualitative analysis of the transcribed semi-structured interviews was conducted in Atlas.it. Phrases representing underlying themes were generated and applied to the data. Themes emerging from the transcribed text were identified and coded. The coding process was iterative based on the initial codes suggested by the programme director.

User satisfaction survey: The programme director developed a questionnaire for RedChatZone which included seven questions with responses based on a Likert scale and one free-response question. This survey aimed to gauge clients' satisfaction of RedChatZone services (see Appendix A). The questionnaire was broadcast on Mxit from 20 to 24 September 2010, with the promise of a R10 incentive for RedChatZone clients who completed the survey. The questionnaire was advertised via Mxit and the RedChatZone counsellors promoted the questionnaire to programme users after each counselling session. The raw responses from the user satisfaction survey were provided for this evaluation. A thematic analysis was conducted on the free-text answers from the survey. Descriptive statistics and the graphical representation of results were conducted in the statistical package R version 2.13.2

Monitoring system.

RedChatZone has a computerised monitoring system that is accessible via the Internet. The system monitors data for six implementation indicators. Data for indicators from the period being studied were downloaded from the online monitoring system.

RESULTS

Results of this section are presented according to the programme function, coverage and utilisation and service delivery processes. A triangulated triangulation approach was adopted to address the evaluation questions in this chapter, both in terms of the data sources (see Table 1), and methods of analysis. Data sources included the RedChatZone database, counsellor interviews, client satisfaction surveys and programme documents, and where analysed with both qualitative and quantitative approaches.

Programme function

As previously stated in Chapter Two, the three evaluation questions formulated to address programme function evaluation were;

What is the nature of the relationship between Cell-Life and the National AIDS Helpline?

Cell-Life and the NAHL forged a partnership for the implementation of RedChatZone. There seems, however, to be inadequate communication between Cell-Life and its implementing partner, NAHL. For example, based on an analysis of the counsellor interviews conducted by the programme director, it appears that the counsellors were not aware that their services were meant to be voluntary only and that no compensation of any sort would be provided. In addition, a contract and memorandum of understanding was signed between the programme partners Cell-Life and NAHL in 2011, almost two years after the initiation of the programme. The absence of an MOU has meant that there has been no improvements in or expansion of the programme.

Is the programme plan and its goals and targets clearly defined?

Based on thematic analyses of a variety of programme records, RedChatZone does not have a clear programme plan. Although the establishment of RedChatZone was made possible by funding provided by Right to Care in 2009, ironically it was not mentioned in the funding proposal that resulted in its initiation. In fact, the first documents that mention RedChatZone are Internet-based reports written by the programme director. It is not clear how the Right to Care funds ended up being used to set up RedChatZone.

What is the nature of training provided to counsellors for the RedChatZone services?

There is no documentation to verify how and when the counsellors were trained. According to the counsellors based on interviews conducted by the programme director, their training involved only a brief introduction to the Mxit language. This training was conducted by Marlon Parker under the guidance of Cell-Life.

Coverage and service Utilisation

Are clients representative of the target population?

Based on an analysis of the demographic data collected in the client satisfaction survey and the RedChatZone conversational storage database, this programme is providing services to its intended target population, that is, South African youths aged 13 to 35 who use the Mxit platform. It is clear that RedChatZone is utilised by its intended target population.

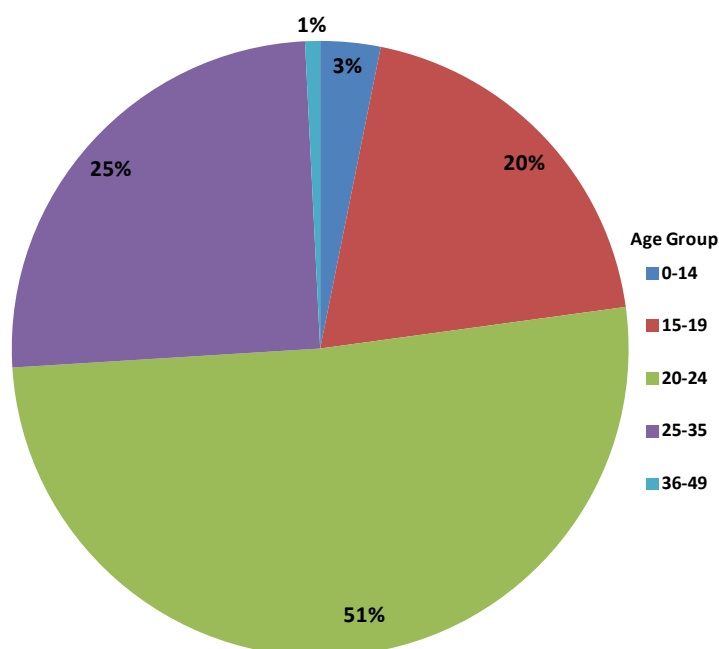


Figure 4.1

Client satisfaction survey: Distribution of age of clients

Based on Figure 4.1, 96 per cent of RedChatZone clients are youths, the intended age-group. The RedChatZone clients are aged between 15 to 35 years while less than 4 per cent of RedChatZone clients are either above 35 or below 15. Based on an analysis of the RedChatZone database, approximately, 96 per cent of RedChatZone clients access the services from Mxit which provides further evidence of RedChatZone's provision of services to its intended target group.

How often are RedChatZone services utilised by the target population?

During the period under evaluation, 1 October 2009 to 31 August 2011, 226 414 text messages were registered on the system from 7 770 clients, 3 administrators and 10 counsellors. The clients contributed 66 per cent of these text messages in comparison with the RedChatZone counsellors. On average, 85 clients access RedChatZone per session. The monthly frequency distribution of clients who access RedChatZone is shown in Figure 4.2. The results presented in Figure 4.2 are monthly aggregates of counts of unique clients who accessed RedChatZone on a single day.

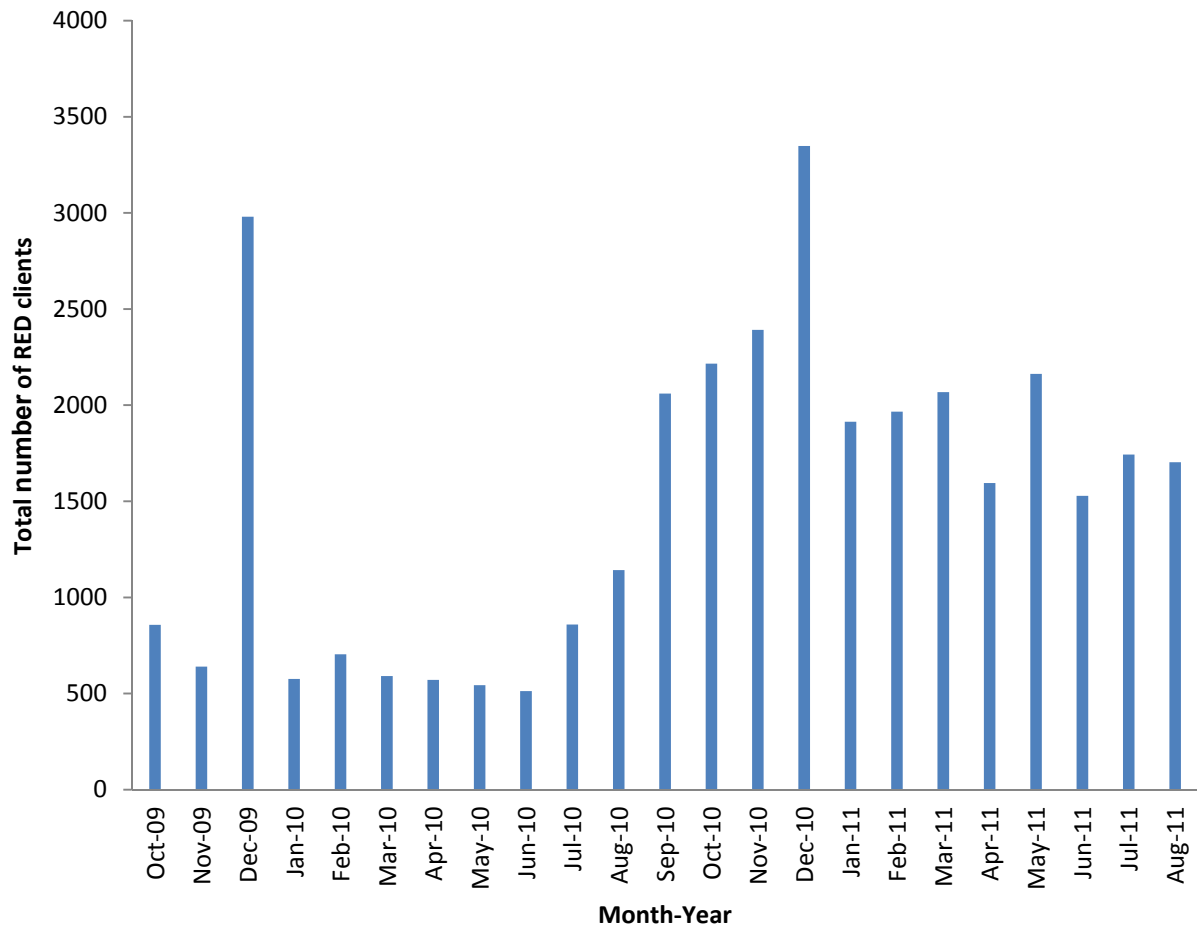


Figure 4.2

Frequency distribution of RedchatZone clients per month

The inflation usage rate of RedChatZone clients observed in December 2009, and September 2010 to December 2010 could be attributed to advertisements that were conducted during these periods. While the advertising in December-2009 was intentional, in September 2009 a R10 incentive which was offered to RedChatZone users attracted the high numbers of clients accessing the programme. It is also worth pointing out that clients started using RedChatZone from October to November 2009, despite the absence of advertising.

How many RedChatZone clients who initiated a conversation were assisted?

Data used to generate Figure 4.2 assumes that all clients who access RedChatZone get help from the counsellors. To test this assumption, a count of the total number of RedChatZone clients per day who did not get at least one response from counsellors, was analysed from the RedChatZone database. These daily counts were then aggregated over each month. The results are illustrated in Figure 4.3.

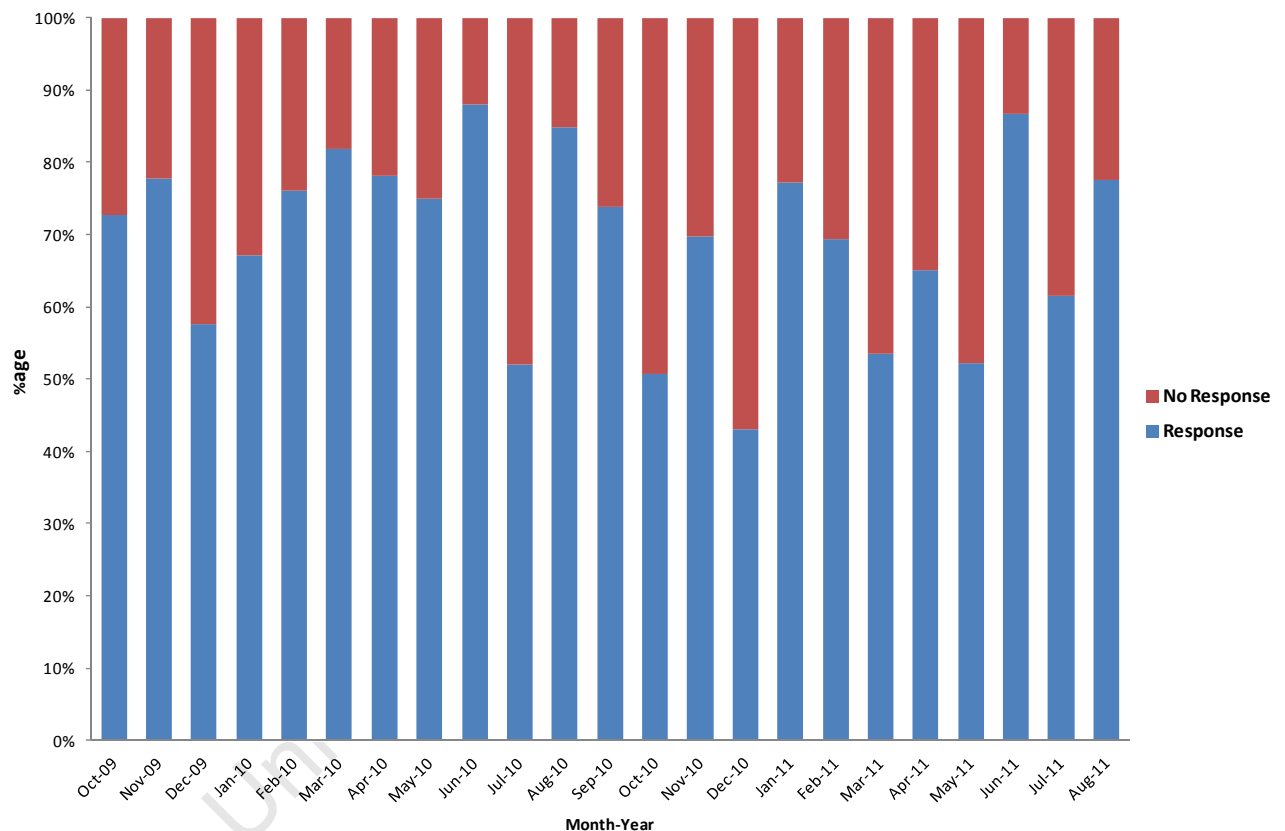


Figure 4.3

Proportion of clients who received at least one message from a counsellor (note daily data is aggregated over the entire month).

In addition to the monthly proportions depicted in Figure 4.3, daily proportions were analysed for an depth analysis of why some months in Figure 4.3, such as July-2010, October 2010 and December 2010, have a much higher percentage of clients who did not get at least one response from counsellors. The findings suggest that the lack of responses from the counsellors can be attributed to some sessions that did not have a counsellor present.

Counsellors were not available to provide services on 14 of the 409 days analysed (see Appendix D for results). The months most affected by the unavailability of counsellors of counsellors were July 2010, October 2010 and December 2010. In July 2010, of the 20 days RedChatZone was meant to be providing services, counsellors were available for only ten. No reason as to why the counsellors were not available for many days in July was forthcoming.

How many RedChatZone clients re-use the service?

Based on an analysis of the RedChatZone database, 66 of RedChatZone clients used the service on at least two separate days (see Figure 4.4). An analysis of the frequency with which clients return in a single day was not feasible in this evaluation. Users can take breaks in between counselling sessions which masks the ability to infer the start and the end of counselling sessions based on quantitative analysis. Determining the start and the end of multiple counselling sessions in a day for a single user would require an extensive and time-consuming qualitative component.

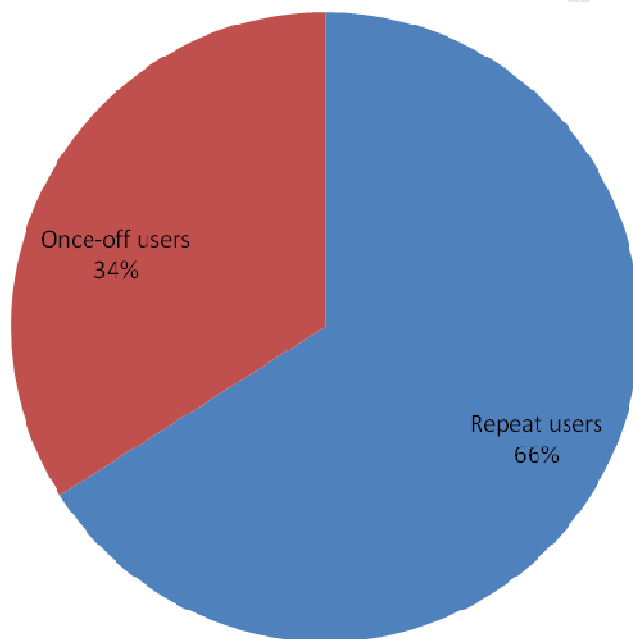


Figure 4.4

Repeat clients of RedChatZone (1 October 2009 – 31 August 2011)

How often do RedChatZone clients return for services?

On average clients returned to access RedChatZone on five different days. The distribution of the total number of days that clients accessed RedChatZone are shown in Figure 4.5. Not shown in the diagram are some outliers of RedChatZone that have accessed the services on more than 50 separate days.

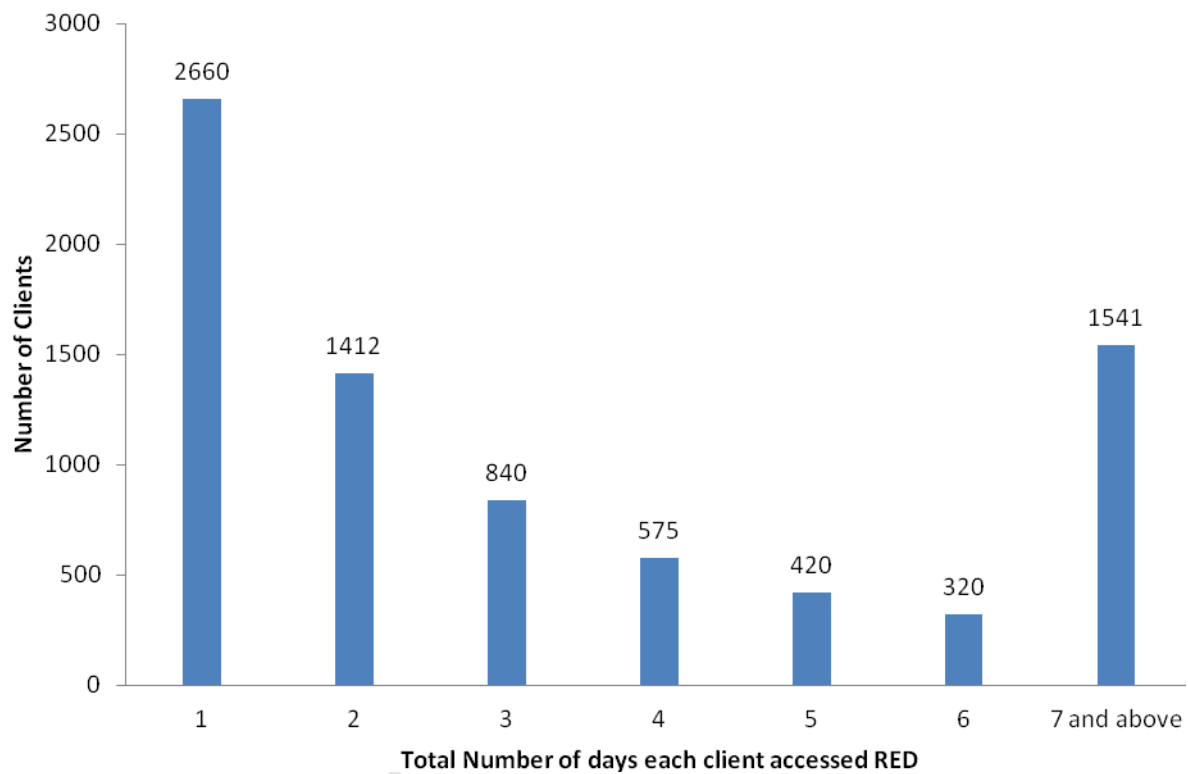


Figure 4.5

Return rates of RedChatZone users.

How appropriate is RedChatZone for the clients?

RedChatZone is perceived as an appropriate platform by the clients. Based on the client surveys, 83 per cent of RedChatZone clients found the service affordable (see Figure 4.6).

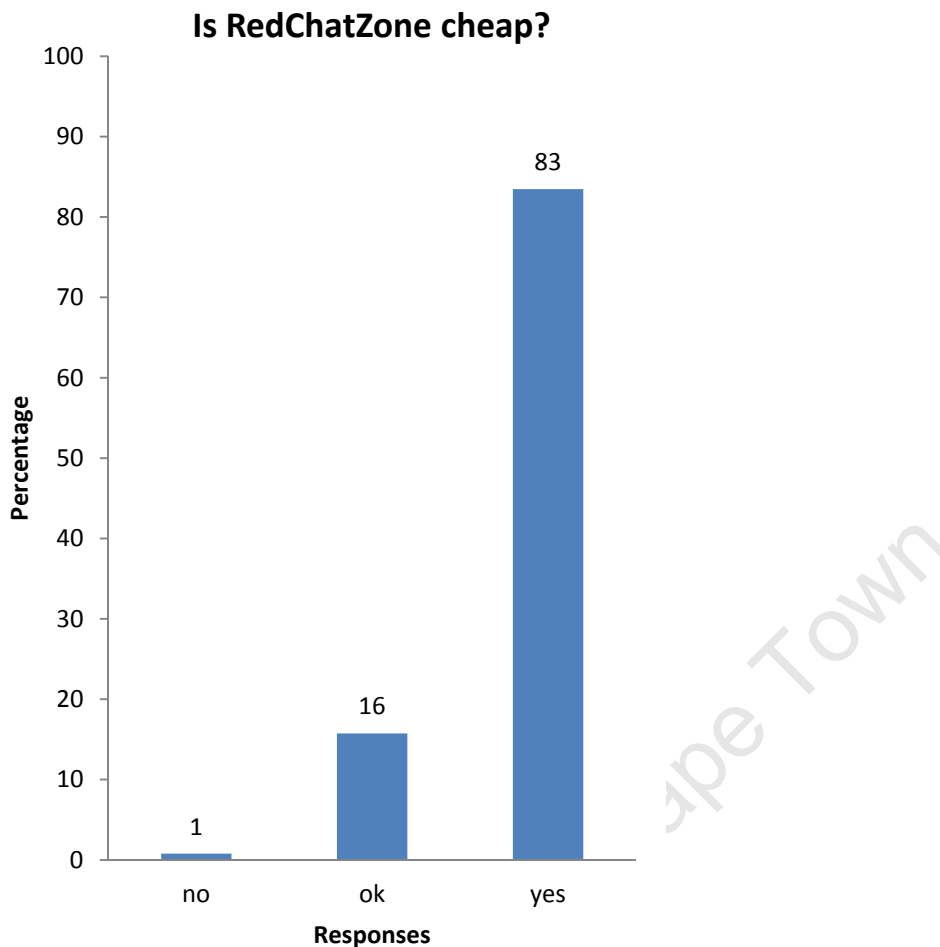


Figure 4.6

Affordability of RedChatZone

There was consensus amongst counsellors with regard to the affordability of Mxit for the clients. According to the counsellors, this affordability makes RedChatZone highly attractive for the youth in comparison to telephonic counselling: One client commented 'If you are in Mxit you use R5, you can Mxit for 2 days, you can use it for 2 days, you know? And you can do it until long/all time'. Another counsellor attributed the popularity of RedChatZone to affordability of mobile phones for youth.

Privacy

According to the user satisfaction survey, 82 per cent of the RedChatZone users are not worried about confidentiality (see Figure 4.6).

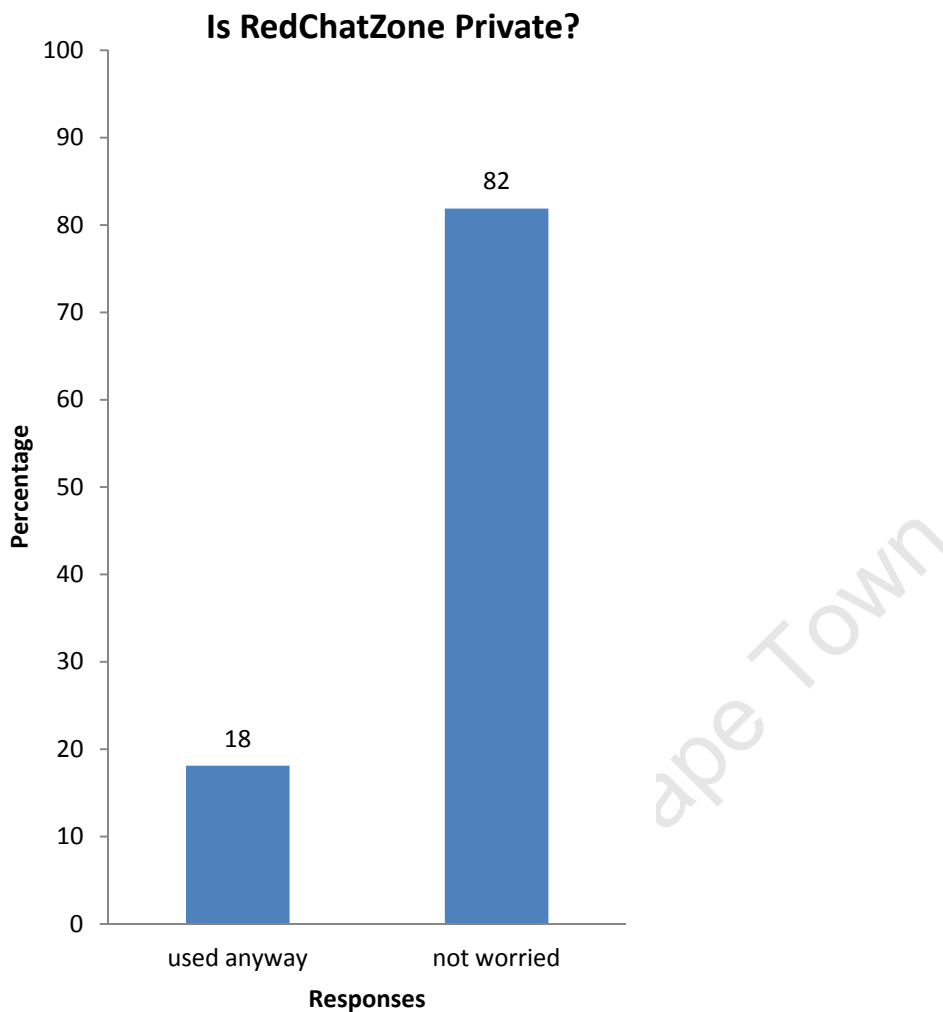


Figure 4.7

Privacy on RedChatZone

Based on the counsellor interviews, Mxit-based counselling does not risk the clients being overheard especially for clients that live with other people. According to one of the counsellors, RedChatZone is very private: 'You know it's very private, it's just no one will be able to hear what you are saying. Someone can even get counselling while sitting with friends'. Furthermore if emotions run high during a RedChatZone counselling sessions, clients can cry in the privacy of their home or room.

Accessibility

RedChatZone counsellors were in agreement that it is easy for clients to access RedChatZone via their mobile phones. Mobile phones were identified as one of the core factors which promote ease of accessibility of RedChatZone as illustrated by a comment from one counsellor: ‘Cell-phones, more especially the youth, so everywhere where they are, they got access’.

Convenience

Another noted advantage of using RedChatZone is the manner in which counselling is conducted. A client can take short breaks and return to the conversation when it suits them. Furthermore clients have the convenience of clients choosing a location that best suits them, as illustrated in this quote from one of the counsellors: ‘Some of them they don’t want to go because they feel comfortable on their own room, their own space, doing it now’ [‘doing it now’ refers to Mxit counselling].

Language

Occasionally counsellors come across clients who want to communicate in Xhosa, Zulu, Sotho or Afrikaans but the most popular language is the shortened chat language which some of the counsellors refer to as the ‘ Mxit language’. Using the chat language promotes use of the RedChatZone platform by South African youth: according to one of the counsellor the chat language: ‘...does not exclude most of the youths’.

Anonymity

According to counsellor interviews, clients appreciate chatting, knowing that this service is anonymous. Those with HIV and AIDS related questions sometimes feel their questions are

awkward or embarrassing questions which are easier to ask anonymously. A counsellor explained how clients appreciate the anonymity offered in RedChatZone:

Most are the same and some, then you'll find that they might be deeper on the Mxit because it's a text unlike a person will be scared to say, whatever they want to say on the phone. So and then, but writing, a person can write whatever they think, whatever they want in that time.

Time efficiency.

RedChatZone is remotely accessed by clients, hence no travelling is required which saves time and allows for more clients to be served. In addition, based on an analysis of the conversations, there is less idle chitchat on the Mxit platform as compared to on the telephone,, clients get to the point very quickly.

SERVICE DELIVERY PROCESS

Who is providing the services?

The counsellors are aged between 35 and 49. They all are trained NAHL counsellors. Some indicated their years of experience as counsellors prior to joining NAHL.

What topics are being discussed on RedChatZone?

Based on the in-depth analysis of the one hundred and sixty three conversations approximately 70 per cent of the conversations were HIV and AIDS related. HIV and AIDS related themes included disclosure, sexual behaviour, rape, the process of HIV testing, and living with HIV. Non-HIV related conversations included themes on reproductive health and family planning, rights and grants, relationships and quality of the service. Referrals were made in at least 5 per cent of the conversations. Clients were referred to a range of services which include Lovelife, New Start, Stop Gender Violence and NAHL (See the Appendix E for a detailed summary of the qualitative analysis of the conversations of the clients.)

Are the services provided by RedChatZone consistent?

There were inconsistencies detected in the provision of the services. For example, salutations given at the start and end of the conversations were inconsistent. The counsellors in some instances were slow to respond to client's enquiries or greetings or completely ignored. Counsellors also abruptly signed off with a generic message that marked the end of a service in the middle of a conversation or to a client that was never attended to. The levels of help offered by the counsellors were inconsistent. There seems to be no on-going monitoring in place to check the quality of counselling/information.

How many counsellors are on duty for each session?

On average two counsellors were on duty for each session. Fourteen days on which no counsellors were available were recorded in the system.

What challenges do RedChatZone clients encounter?

Several challenges were identified from the client satisfaction surveys. These include the technical issues of the service, the inappropriateness of operational hours and that these hours were not advertised sufficiently, slowness of the counsellors in responding and inappropriate counselling or advice. Some of these challenges were also corroborated by the counsellors themselves based on their interviews. The challenges are outlined below.

Service too slow

Clients indicated frustration with the long waiting periods between initiating a conversation with, and actually getting a response from, a counsellor. Counsellors were aware that some clients were never attended to due to the high demand for counselling, so much so that the counsellor's response time was considered too slow.

Inappropriate and Inadequate service time

The operational time of the RedChatZone service seems not be ideal for the target population, i.e. 15:00 – 17:00. A client even suggested that RedChatZone be made available during weekends. In addition, the operational period seems inadequate. According to the counsellors, there are also times when counselling sessions have to be cut short when time runs out, which could greatly compromise their effectiveness. There are also several conversations that were prematurely terminated by the counsellors based on analysis of the conversations.

Poor advertising of RedChatZone's operational times

Several clients were unaware of the RedChatZone's operational hours. This frustrated clients who tried to access RedChatZone outside of service times and get no response. This frustration was revealed in the analysis of conversation by some clients who eventually managed to access and engage with RedChatZone counsellors. Such clients leisurely chat to counsellors, do not respond to the counsellors return calls promptly, or do so just before RedChatZone closes for the day.

Inappropriate counselling/information

There are instances where counsellors gave inappropriate or wrong information. For example a counsellor asked a client what 'AIDS' was during a conversation. In some instances the clients did not detect the wrong advice or information, however in several cases they did and highlighted this to the counsellors.

What challenges do RedChatZone counsellors encounter?

Concurrency.

Based on findings from the counsellor interviews, concurrency (defined in Chapter One) is challenging and puts pressure on the counsellors. While some counsellors indicated they can

manage concurrency a significant proportion of them stated that concurrency caused them a great deal of stress: ‘You feel like going out because you know the head, you feel like it’s cracking. I’m having fifteen or twelve people at the same time, different windows there and different topics, joh’.

Due to concurrency, counsellors are more prone to mixup conversations because of trying to keep track of multiple conversations if they do not concentrate:

“I remember one day I, I actually, hmm, in fact I answered one client with the wrong information. In fact, what I did was I read a few, few conversations from different people and [giggles] when I gave them the, the reply, it, I made a mistake but I had to apologise and it was cleared up.”

In addition analysis of the conversations also highlighted the counsellors are subjected to abuse by clients when they do not respond on time.

Language.

To some counsellors the chat language was a challenge. In some instance, some of the counsellors ask friends or family for help in deciphering messages from clients. The counsellors learned from the RedChatZone clients, as well: ‘So I learn from them and they learn from me as well’. The Mxit glossary that the trainer gave them was reported to be useful to refer to when counsellors got stuck. : ... gave us the, you know the print out of the Mxit language so it make things a whole lot easier’.

Lack of email access.

The RedChatZone system is structured in such a way that once logged in, the counsellors are unable to access their email. Although nurses and supervisors readily give support to counsellors during RedChatZone counselling sessions, the counsellors felt access to their email during counselling sessions would greatly enhance the quality of their services. Nurses and supervisors readily give informational support to counsellors during RedChatZone counselling sessions.

Typing skills.

Counsellors who were unable to type quickly described this as a major challenge: “It’s more challenging because you have to be faster and you are talking to more than one person. You have to think on your toes”.

Management.

Counsellors are able to initiate RedChatZone sessions. They wait for a supervisor, which affects the efficiency of the RedChatZone service; “...there was only one supervisor who can administer. If she wasn't ...”.

Incentives.

The need for incentives, such as remuneration and laptops, were a issue. Counsellors gave up their days off in order to attend the initial training sessions and were not remunerated for their time. Counsellors argued that having laptops would allow them to volunteer out of working times, particularly when the counsellors on duty cannot cope.

How well-defined are the operational protocols and procedures for the counsellors?

No operational protocols and procedures are in place. This observation could be due to the fact that this programme was not well planned at initiation.

How is RedChatZone monitored?

What are the performance measures and how realistic are these standards?

RedChatZone does not have any performance indicators. For such a service one would expect the counsellors to have targets of a certain number of clients they should service per session, a target maximum waiting period that a client should wait in a queue for, a maximum number of clients a counsellor can handle at any given time, and indicators of the quality of each counselling session. Without performance indicators, it is difficult to evaluate the performance of the counsellors effectively.

Is there a computerised monitoring system in place reliable?

RedChatZone has a computerised system in place which has several indicators as described in Chapter One. This system, however, seems to be unreliable. Some of the indicators produced no data at all when queried, while for some indicators, querying data froze the system.

Are the monitoring processes sufficient?

According to the seven step model suggested by Kusek and Rist (2004) for developing programme monitoring and evaluation systems (see Chapter One), the indicators suggested for RedChatZone are insufficient. The current indicators in RedChatZone's monitoring system capture the implementation process only and not the outcomes. However, the indirectly, RedChatZone's monitoring system also captures the needs of the target population through the text-based conversation.

Evaluation questions that could not be addressed

Evaluation questions that had a time element to them could not be addressed in this evaluation. The start and end times stored in the database were inconsistent across the period under-evaluation, which appears to be a programming bug in the systems. These evaluation questions include;

- What is the average response time from a counsellor?
- How often are counsellors on time or early for their shifts?
- How often do users access the services outside of the service times?
- How long do counsellors sit through the counselling sessions?
- How often do clients access the service during RedChatZone's allocated service slot (15:00 – 17:00)

The evaluation results and recommendations could have benefited were these evaluation questions addressed, as more concrete suggestions could have been given for programme improvement. The questions listed above could have helped set standards and benchmarks for future evaluations.

Discussion

The quality of data and methods influence the quality of an evaluation. To elicit meaningful and reliable results from this evaluation, triangulation of data sources and a mixed method approach was adopted. Triangulation is the use of multiple and varied sources of data or methods in a study (Cohen, Manion, & Morrison, 2007). Furthermore, evaluating the four different components of the implementation of the evaluand gives a global picture of the process.

The need, feasibility and acceptability of RedChatZone is evidenced by its high usage rate for the evaluated period from 1 October 2009 to 31 August 2011. Once-off advertising on 1 December 2009 led to an overwhelming response, highlighting the need and acceptability of this service by the target population. Clients started accessing the services well before it was advertised on 1 December 2009, indicating that this service addressed a real need among youth on the Mxit platform. Given South Africa's high rate of mobile phone penetration the popularity of Mxit among RedChatZone's target population, and the

impact of HIV and AIDS on the South African youth, RedChatZone is a contextually appropriate service. Benefits and advantages of the Mxit platform to the clients include privacy, language, convenience accessibility and affordability.

Mxit IM costs less than R0.01 cents to send and is free to the recipients (Mxit, 2010). This makes RedChatZone a highly affordable platform. Given the economic status of most South African, affordability is a key barrier to accessing the traditional private face-to-face and one-on-one counselling. Costing done for the comparable Angel counselling service also highlights the affordability of accessing Mixt counselling services for clients. The average Angel counselling session costs about R0.88 against approximately R185 or more for a private face-to-face counselling session (Nitsckie & Parker 2009). In fact, private face-to-face counselling session could be substantially more than R185 per session if transport costs are incurred. In general, the benefit to the clients seem to be inherent in the different types of text-based counselling service offered both via mobile phone and the Internet (Griffiths et al., 2006; Moskowitz et al., 2009). It seems plausible to assume that these advantages to the clients could be major contributors to the high return rates for RedChatZone services as illustrated in the results section.

This high return rate requires further exploration. One would assume that with the numerous service problems highlighted in these findings, which include instances of poor quality of counselling and slow or no responses or from counsellors, clients might be deterred from using the service. Some repeat users may, of course, access the service out of need for long-term counselling. If this is the case, the programme should be modified appropriately to suit the needs of the target population, i.e., by providing slots to long-term clients. Further investigation is required before a conclusion can be made.

A better understanding of the reason of the high access rate of RedChatZone might reveal what the motivation to come back is due to, for example, the need to, or because some of the clients are lonely and just need to chat, or because of the cost effectiveness of the service or it could indeed reflect a high acceptability and need for this service. Despite the numerous implementation problems identified there are many clients who were helped by the RedChatZone services. The acceptability and need for RedChatZone is highlighted in the themes discussed on this platform its suitability and popularity by its target population.

Cell-Life collaborated with the NAHL to provide RedChatZone counselling. It seemed plausible to collaborate with an existing counselling platform that was experienced in HIV and AIDS counselling and already had the infrastructure in place to manage the process. Despite NAHL's rigorous training on HIV and AIDS counselling techniques and many

examples of good counselling practise identified in this evaluation, there are, however, numerous examples in the findings that indicate that some counsellors had problems with concurrency and also gave inaccurate information about HIV. Such inconstancies in the service should not be taken lightly as they have the potential to cause unintended harm to the clients. The training provided to counsellors before working on RedChatZone should, therefore, have been evaluated.

While some service problems can be attributed to the counselling skills of the implementers, concurrency was also a cause of some of these. The facilitation of multiple conversations requires not only speed of typing but great concentration; in instances where these skills are lacking, the mixing up of messages can occur. There is need to address these flaws before one of the major advantages of the RedChatZone platform (i.e. counselling many people at once) becomes its downfall.

Few studies have, to date, evaluated helplines comprehensively. This implementation evaluation demonstrates the feasibility and acceptability of RedChatZone as a mobile phone and IM-based HIV and AIDS helpline in South Africa.

CHAPTER FIVE: RECOMMENDATIONS

Thirty years after the discovery of HIV, with billions of dollars spent on prevention and treatment interventions, HIV morbidity and mortality rates are still unacceptably high in South Africa (UNAIDS, 2009). Mobile phones have the potential to facilitate delivery of healthcare services and are fast being recognised as such in the HIV and AIDS arena. Results from programme evaluations of technology-based interventions hold the promise of identifying programmes most likely to be highly utilised and that have the potential to impact HIV morbidity and mortality rates. This evaluation highlights the potential for RedChatZone as an IM-based HIV and AIDS helpline to provide HIV and AIDS information and counselling to the South African youth who use Mxit. In this chapter, strengths and weaknesses of the RedChatZone programme are highlighted and recommendations are proposed. The recommendations will be presented against components of RedChatZone's logic model.

Programme Planning and Management

Poor programme planning compromises fidelity assessments and can put the structure at the risk of mismanagement.

Strengths

RedChatZone was initiated by NAHL and Cell-Life which brought in complementary expertise which was well-positioned for the RedChatZone programme. It was also useful to hire Marlon Parker to oversee the implementation of his brain-child, JamiiX. Using JamiiX allows for the automated monitoring and storage of conversations which promotes evaluations and other quality checks.

Weaknesses

The lack of a clear programme plan from the onset of this programme compromised the structure and future of this programme. The lack of documentation during the initiation of RedChatZone resulted in RedChatZone's being implemented without an explicit programme plan, strategic objectives and targets. This lack of planning has resulted in the programme running out of funding without a contingency plan being put in place, as is the case at present. Yet another weakness of the programme plan and management is using HIV and AIDs counsellors who are not specifically trained to work with the youth. While the NAHL trains counsellors effectively for all age groups, organisations such as LoveLife specifically train teen counsellors to be peer counsellors, who would be suitable for RedChatZone.

Recommendations

Given the numerous advantages for clients' ease of use and cost effectiveness, there seems to be compelling grounds to promote the continuation of RedChatZone. However, this would require a clear programme plan, with articulated guidelines and ways of sourcing funding. It is recommended that the programme director uses findings and outputs from this evaluation as a starting point for drawing up a concrete programme plan. For example, the programme description, logic model and results from the evaluation of the programme theory and implementation can form the foundation of a project plan or funding proposal to secure long-term funding and to ensure the continued existence of RedChatZone. In addition, any future plans should involve signing a memorandum of understanding between all the key players soon after a collaboration has been agreed upon, and not at the end of the funding period as was the case. Clearly outlined roles, responsibilities and scheduled meetings will help ensure the smooth running of the programme.

Since RedChatZone mirrors some of the services provided by the NAHL, it would be appropriate to align with some of the NAHL strategic plans (with some minor adjustments). For example the NAHL aligned its strategic goals with that of the NSP 2007-2011. It would be appropriate to align RedChatZone's vision and goals with the recently launched 2012-2016 NSP which acknowledges the need for programmes such as the RedChatZone to aid communication in the HIV and AIDS arena (South African National AIDS Council, 2011). Therefore, it would be worthwhile to explore making RedChatZone a national HIV and AIDS helpline that is funded by the government.

While Cell-Life and NAHL are expert organisations in their individual fields, there is need to identify their weak areas and hire experts in these areas as was done with Marlon Parker. For example, one of the core weak areas in the organisational structure of this programme was the training of counsellors in the specific skills required in text-based counselling for example, their typing speed in the Mxit chat language and in skills development in administering text-based counselling effectively, for example, through using motivational interviewing techniques.

Development of Intervention Service Delivery Protocols and Guidelines

Ethical guidelines and protocols of service delivery are the cornerstones of good psychological counselling. The nature of RedChatZone service requires that it cannot be exempt from this requirement.

Strengths

RedChatZone is implemented by NAHL counsellors who are trained by LifeLine. LifeLine training for lay counsellors is an intense process and covers numerous aspects of counselling including psychosocial and psychological issues. The counsellors have debriefing sessions in which counselling telephone-based transcripts are assessed for quality on a regular basis. In addition, Lifeline counsellors attend workshops regularly to reinforce these standards and guidelines and keep abreast of new developments. The LifeLine service delivery protocol and guidelines provide a solid foundation for the ethics and standards that guide the counsellors implementing this programme.

Weaknesses

There was no documentation to guide the service delivery protocols. In addition, there were no quality control measures in place to perform continual assessments of counsellors' performance. The management of the counsellors is seemingly a weak area. The counsellors showed their dissatisfaction in the manner in which the system was administered by only the managers. Clients who enlist in the programme are not informed that their conversations might be used for research purposes.

Recommendations

The assumption that the NAHL counsellors would automatically transfer their knowledge and expertise to an IM-based platform was a major flaw in the programme design. RedChatZone needs to develop ethical guidelines and protocols that can help guide the service delivery process. An example of these would be the guidelines that were discussed in Chapter 2. In addition, it is crucial that the services provided are assessed regularly to ensure consistency in the quality of services. For example, valid and reliable instruments specific for monitoring and evaluating motivational interviewing exist. RedChatZone clients should be made aware that their conversations might be used for research purposes. This will make it easier to get ethical clearance for similar studies in the future.

Expansion of services: Activities and Outputs

A key finding of this evaluation is that RedChatZone's client usage rates far outweigh the capacity of this programme. The strengths and weaknesses of the platform and the service will not be discussed in this section as they have been discussed in depth in Chapters Three and Four. Recommendations which could facilitate scale-up of this successful pilot are given below.

Strengths

The activities on RedChatZone allow for counselling to be implemented remotely and cheaply to the users. It is easy to advertise them to the target population and for the target population to access the RedChatZone services

Weaknesses

Having a fixed number of counsellors in a centralised location restricts the number of clients that can be counselled at any given time. Furthermore very little research and screening was done to decide the profile of counsellors who would be most ideal for providing counselling via RedChatZone. Counsellors for RedChatZone in addition to having the ability to provide

text-based counselling effectively they need to have fast typing skills, be comfortable in using Mxit and the chat language.

Recommendations

Due to its capacity to provide services to large numbers of South African youth it is recommended that the service delivery process be carried out via distributed counselling. Distributed counselling is the process whereby volunteer counsellors in geographical distinct areas provide services to the programme. An essential tool for distributed counselling is already in place, i.e. the online JamiiX system. JamiiX enables counsellors with internet connections to provide RedChatZone services from virtually any location. The feasibility of such a distributed counselling has been demonstrated in a telephone-based helpline programme established in Scotland. In addition, distributed counselling would allow for RedChatZone to make use of volunteers instead of drawing from a restricted pool of counsellors.

Although RedChatZone is advertised on the sister programme, RED, the converse does not occur. It is recommended that RED is advertised to RedChatZone users at log-in so that information seekers are directed to RED immediately. This will reduce the counsellors' workload. Another means of reducing the workload would be the establishment of an HIV and AIDS chat-rooms on Mxit. Such a chat-room would require moderation and would enable users, who ordinarily chat to RedChatZone counsellors because they are lonely, to find company among other anonymous users.

The high return rate of users warrants that some super-users be allocated time slots and be allocated to a specific counsellor to ensure they get counselled effectively. Such scheduled counselling would increase the impact of RedChatZone services in HIV and AIDS-related mental issues that require long-term counselling. Allocation to a specific counsellor might not be required if the counsellors use the counselling history of clients which, according to these findings, is not done presently. Furthermore, referring to the counselling history of clients is important for all clients and should be considered.

The age distribution of Mxit users is highly biased towards youth. We recommend that counsellors be selected who are young adults, are comfortable on Mxit, and have fast and accurate typing skills. The data from this study did not permit the evaluator to probe whether the age of the counsellors contributed to their inability to cope with concurrency.

Although a critical selection factor is that an individual counsellor should be comfortable on Mxit, age should also be investigated to allow for selection of counsellors who will not be fatigued and struggle to work on the RedChatZone platform.

Concurrency might always be a major concern on RedChatZone, due to the popularity of this service. To address this problem, we recommend the maintenance of an online chat dictionary which can facilitate a faster understanding of conversations from users since the chat language is continually changing. In addition, a chat dictionary could also be used to build a predictive-text system on JamiiX which would accelerate a counsellor's typing speed. In addition, an ideal number of clients that a counsellor can effectively counsel concurrently in a session should be determined. For example, if the counsellor has the optimal number of clients, any other clients that come onto the system would have to wait in a queue. Another recommendation to reduce the overloading of the RedChatZone services is making the service available 24 hours per day. Mxit is actively used throughout the day and the night: having RedChatZone match its host platform's usage hours might help lower the overload and problems with concurrency currently experienced on RedChatZone.

The morale of the counsellors also needs to be kept high and open channels of communication between management and counsellors need to be reinforced. Their recommendations should be taken seriously. For example, although counsellors made suggestions during the counsellor's interviews, none of these suggestions were implemented or taken further. In addition, the counsellors seemed to be unaware of the type of partnership that existed between Cell-Life and NAHL. This needs to be clarified.

Monitoring and Evaluation

RedChatZone has a computerised monitoring system, with indicators that are accessible via the internet (see description in Chapter Two). Once-off research studies were carried out to monitor and evaluate the counsellors' perceptions of RedChatzone in comparison to telephone-based counselling and to assess a client's satisfaction. The former was executed through semi-structured interviews and the latter through a user-satisfaction survey. Monitoring systems dictate the quality of future evaluations and quality of reports generated for the programme. It is crucial to assess and always improve a programme's monitoring and evaluation system.

Strengths

Computerised monitoring systems are largely free from human error, and another advantage of RedChatZone's computerised monitoring system is that both qualitative and quantitative indicators are collected. The availability of both kinds of data allows for a comprehensive understanding of a programme, both its depth (qualitative) and breadth (quantitative) can be assessed. The capacity to access this data via an online system is also a major strength of RedChatZone's monitoring system given the widespread availability of the internet, this would be an ideal scenario for many programmes which often do not even have monitoring systems .

Weaknesses

Although a computerised monitoring system is ideal for storage and accessing data, if there is a 'bug' in the software, such an error could be perpetuated in all the data, compromising quality. The strength of the monitoring system of RedChatZone is also its weakness. Conversations and user-identified data stored in the database could also be compromised if a hacker got access to the data.

As discussed in Chapter One only indicators that are key to the progress's success need to be monitored to ensure effective monitoring and evaluation of the system. While there was an attempt to monitor some implementation indicators, outcome indicators such as behavioural change in the programme participants were disregarded.

Recommendations

The security of the RedChatZone database should be continually assessed and improved to ensure confidentiality of the counselling sessions. In addition, the computerised monitoring system needs to be re-evaluated for accuracy and consistency. The quality of the research studies could be improved by commissioning an external evaluator to conduct the counsellor interviews as using the programme director could bias the results. One counsellor concluded an interview by suggesting that the director should source funding to facilitate their remuneration, which could imply that counsellors feel they deserve some form of remuneration. In addition, the instruments used in client satisfaction surveys should be tested for validity and reliability before they are administered to RedChatZone clients.

It is well established that the impact and outcomes of helplines are difficult to evaluate due to the anonymous nature in which such programmes are offered. If motivational interviewing (MI) is adopted for administering the brief counselling sessions which RedChatZone provides, the valid and reliable MISC instrument designed specifically for MI-administered interventions would be useful to help capture the programme outcomes (Rubak et al., 2005; Scales et al., 2003). MISC helps capture dimensions of client readiness to behavioural change and commitment (Rubak et al., 2005; Scales et al., 2003). Such measurements of the level of intent to change behaviour by clients have been shown to be reliable in predicting outcomes.

Donors and governments advocate for evidence-based practises and interventions that have been shown to bring about their intended impact, and such interventions are more likely to be widely adopted and secure funding.

The current programme data allowed only the feasibility and acceptability of RedChatZone to be demonstrated, not the outcomes or impact. To facilitate a national roll-out of the RedChatZone service, it is recommended that a randomised control trial, a quasi-experiment. Although randomised control trials are the gold standard for showing impact, because of the anonymous nature of RedChatZone a quasi-experiment, might be more appropriate to assess outcomes which would involve interviewing past clients via Mxit.

CONCLUDING REMARKS

The evaluation framework developed for this report is a step towards expanding and improving its programme design. It is envisaged that this evaluation frame-work will provide a conceptual roadmap that can be adapted to a variety of evaluations. Mobile-based services have emerged as a new and effective resource for providing services for the youth in South Africa who highly vulnerable to HIV and AIDS. Based on the findings of this evaluation, RedChatZone has the capacity to play an important role in providing a youth-friendly HIV service to hard to reach communities. RedChatZone is innovative, highly accessed by its target population and is based on a plausible and measurable theory. It is thus recommended that RedChatZone be scaled-up after adjustments are made on how it is implemented, monitored and evaluated.

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APPENDIX A

RESEARCH PROTOCOLS AND INSTRUMENTS FROM REDCHATZONE PROGRAMME DIRECTOR

Client survey

Intro text	We're doing research on what you think of the counselling in RedChatZone. Complete all 12 questions and earn R10 airtime! You can only earn airtime once, and we check if you've chatted in RedChatZone – so plz only complete if you've used it! The questionnaire is confidential and only a researcher will see your answers.
Question 1	Did you find the chat with the counsellor useful?
Options	Yes
	No
	A bit
Question 2	Would you use RedChatZone again?
Options	Yes, I would
	No, 'cause it was rubbish
	No, 'cause I don't need to use it again
Question 3	Would you recommend RedChatZone to a friend who needed HIV info or help?
Options	Yes, definitely. Helped me heaps.
	No, wasn't that useful.
	Not sure
Question 4	RedChatZone is cheap to use

Options	Yes
	No
	It's OK
Question 5	RedChatZone is fast to use
Options	Yes, really fast
	It was fast enough for me
	I would have preferred if it was faster
	4. Irritatingly slow
Question 6	RedChatZone is friendly
Options	Too friendly for me!
	Yeah, just right
	Wish the counsellor was more friendly, but I coped
	4. So unfriendly it put me off
Question 7	RedChatZone feels private
Options	Ya I didn't worry about privacy
	I kinda wondered about privacy but used it anyway
	I was so worried I stopped using it
Question 8	RedChatZone helped me
Options	Yup, got what I needed
	I got help, but wish there was more time
	Used it a few times, sometimes helpful sometimes not
	4. Tried it, not useful but I'll try again
	5. Tried it, won't try again
Question 9	How old are you?
Options	0-14
	15-19
	20-24

	25-35
	36-49
	50+
Question 10	Are you
Options	Male
	Female
Question 11	Which network are you on? (We need this to give you airtime.)
Options	MTN
	Vodacom
	Cell-C
	Virgin
Question 12	What's your cell number? (We need this to give you airtime. We won't give your cell to anyone for advertising or anything.)
Options	[free text answer]
	n/a
End text	<p>Thanks for giving your opinions! We'll take about a week to add your airtime cos we have to check that you haven't received any before ;-). Have a good day!</p> <p>>Go back to Red [link to redhiv.mobi]</p>

Instruments: counsellor & supervisor interviews

How old are you?
As a counsellor, what do you see as the major differences between providing HIV counselling via telephone and Mxit? [Probes: multiple concurrent conversations; topics discussed; emotional content; length of conversations; number of conversations]
Do you find that conversations on Mxit are generally shorter or longer than on the telephone? [Probes: Is Mxit good for quick in/out conversations? Do you find that it's easier to respond to the person in a telephone conversation as it's one-on-one, so those conversations tend to be longer and more in-depth?]
Do you prefer either form of counselling? Why?
Do you think that Mxit counselling is suited to particular kinds of counselling, or particular kinds of conversations? [Probes: better or worse for emotional content? Text faster or slower?]
Do you find that you talk about different things on Mxit, compared to when you do telephone counselling? If so, how are they different? [Probes: people reveal less, or more; more factual on text, or same as telephone are the themes very different]
Do you find that providing counselling via Mxit makes anything easier? [Probes: easier to talk about some issues; do people seem to value the extra anonymity as no voice]
Does it make anything harder? [Probes: do you get concurrent conversations mixed up; is it more tiring for you; is it harder to assess mental state of person]
What is your sense of who you are counselling? (e.g. age, gender, race)
What languages do you use in Mxit counselling, and in telephone counselling? Why do you think this is?

Supervisor interview

How old are you?
As a supervisor, what do you see as the major differences between providing HIV counselling via telephone and Mxit?
Do you think that Mxit counselling is more efficient? Why?
Do you think that Mxit counselling is suited to particular kinds of counselling, or particular kinds of conversations?
Do you think that providing counselling via Mxit makes anything easier?
Does it make anything harder?
Do you think that the Mxit counselling has any impacts on the counsellors? [Probes: more tiring; more stressful; more fun]
Have the counsellors given you any particular feedback about how they experience doing counselling via Mxit?
Do you as a supervisor get more or less queries from counsellors (compared to telephone counselling)? Why do you think this is?
Do you ever get emergencies (e.g. suicide, violence in progress) reported via Mxit counselling? And via telephone counselling? Why do you think that is?
Does gender-based violence (e.g. rape, abuse) come up much in the Mxit counselling? And in the telephone counselling?
What languages tend to get used in Mxit counselling, and in telephone counselling? Why?

APPENDIX B:

Proposed Code of conduct for RedChatZone

Guideline	Comment	Supported by
Autonomy	Counsellors should respect the client's freedom of choice and action about their lives	APA, BACP, NAHL
Beneficence	Counsellors should take responsibility contribute to improving the client's live	APA, BACP, NAHL
Confidentiality	All counselling sessions should be kept confidential and data should be stored in a secure database	APA, BACP
Anonymity	Clients' identities should not be revealed and clients are not required to give personal details	Mxit, NAHL
Fidelity	Counsellors should not abuse the client's trust	APA
Justice	Counsellors should treat clients fairly	APA
Nonmaleficence	Counsellors should do not harm to the clients	APA, NAHL, BACP
Empowerment	Counsellors should empower clients through inducing self-efficacy	NAHL
Language	Chat language should be used on the RedChatZone in a manner that is easily understood and appropriate for the clients	Mxit

APPENDIX C:

MXIT DICTIONARY

ENGLISH	CHAT LANGUAGE
ANONYMOUS	ANONIMOUS
A LOT	A LOTA
ABORT	ABOT
ABOUT	ABWT BOUT ABT BWT BOT BOWT
ACCEPT	ACPT
ACCEPTED	ACCEPTD ACCPTD
ACCEPTING	ACCPING ACCTING AXCEPTI NG
ACCORDING	ACCORDIN
ACCORDINGLY	ACORDINGL ACCRDIN GL
ACCUMULATED	ACUMULATED
ACKNOWLEDGE	AKCNOWLEDGIN
ACTUALLY	ACTUALI ACTUAL Y
ACURATE	ACURATY
ADDICTED	ADDICTD
ADDRESS	ADRESS ADDREZ ADRES ADDRESS
ADVICE	ADVICE ADVISE ADVSE
ADVISING	ADVCNG
AFFAIR	AFFIRE
AFFECT	AFECT AFFCT
AFFECTED	AFECTD AFFCTED AFFECTD

AFRAID	AFRAIT	AFRD			
AFTER	AFATA	AFT	AFTA	AFTR	AFTRE
AFTERNOON	AFTANOON	AFTANO ON	AFTERNO O	AFTRNU N	
AGEN	AGENT				
AIDS	AIDZ				
ALIVE	ALIV	ALV			
ALL	AL	OL			
ALL IS GOOD	ALGUD				
ALONE	ALNE				
ALREADY	ALRDY	ALREDI			
ALRIGHT	AYT	ALYT	ALRYT		
ALRIGHT	OLRITE	ORITE			
ALWAYS	ALWAYZ	ALWSY	ALWYS	ALWYZ	
AMAZING	AYOBA				
AND	N	ND	N	EN	
ANGRY	AGRY				
ANNOUNCED	ANNOUCED				
ANOTHER	ANADA	ANATHA	ANATHE R		
ANSWER	ANSA	ANSR	ANSWR		
ANSWERED	ANSWERD				
ANSWERING	ANSWERING	ANSERIN G			
ANTINETAL	ATINETAL				
ANTIRETROVIRALS	ARVS	ARVZ			
ANY TIME	ANTW	ANYTYM			
ANYMORE	ANYM	ANYMR	ANYMOR E		
ANYONE	ANYI				
ANYTHING	ANYTHIN	ANYTING	ANYTHN	ANYTHI ONG	ANYTI NG ANYTN G

ANYWHERE	ANYWHER
APOLOGISED	APOLOGIZE APOLOGI SD
APPETITE	APITIDE
APPLIED	APPLED APPLIED
APPLY	APLY
APPLYING	APPLN APPLYN
APPOINTMENT	APPOINTMT
APPROVE	APPRVE
ARE	R RE AR
ARE YOU GREAT	UGRND
AROUND	ARND AROUND
ARROGANT	ARROGNT
ARSL	AGE, RACE, SEX, LANGAUGE
ARTICLE	ATICLE
ARTIFICAL	ARTFCL
ASK	AZK
ASKED	AXD ASKD
ASKING	AXNG ASKN ASKIN
ASSIGNMENT	ASSIGNMEN ASIGMEN T
ASSITANCE	ESISTANCE
AVAILABLE	AVLBL
AWFULLY	AWFUL AWFL
BABIES	BABEZ
BABY	BBY
BACK	BK BAK
BACTERIUM	BACTERUM BACTRIM
BAD	BD
BALANCE	BAL

BECAUSE	BCOZ	BCAUSE	BCOS	BCZ	BCS	B'CAUS E	COZ	CAUSE
BECOME	BCUM							
BEFORE	B4	BFORE						
BESIDES	BSYDS							
BEST	BST							
BETTER	BTTR							
BETWEEN	BTN	BTWN						
BODY	BODY	BODI						
BORED	BORD							
BOYFRIEND	BOYFREND	BYFRND						
BOYS	BOYZ							
BRAVE	BRV							
BRB	BE RIGHT BACK							
BREACK	BRK							
BREAK-UP	BRK-UP							
BREAKING	BRKNG							
BREAST	BOOB							
BREASTFEEDING	BREASTFDNG							
BROTHER	BRODA	BRU	BRADA					
BUT	BT							
CALLED	CALD							
CELL-PHONE	CELL4NE							
CERTIFICATES	CERTFCTES	CERTIFCT						
CHATTING	CHATN	CHATIN	CHATING	CHATN G				
CHCK	CHECKED							
CHEATING	CHEATIN	CHEATN						
CHILDREN	CHILDRIN							
CHOICE	CHCE							

CONDOM	CNDM
COOL	KEWL KWL
DAY	DAE DY
DEPENDS	DPNDS
DISGRACE	DIZGRACE
DO YOU	DU DUU
DO YOU THINK	UTHINK
DOCTOR	DOC DOCT DOCTR DR
DOES	DUZ
DOES NOT	DSNT DUSNT DUZNT DZNT DOZNT
DOING	DUIN DWNG
DOUBLE	DOBLE
DOWN	DWN
DOWN LOADING	DWNLOADNG
DOWNLOAD	DWNLOAD
DURING	DURIN DRNG
DURING	DURIN
EARLIER	ELYA
EDUCATION	EDCTN
EFFORT	EFFRT
EITHER	EITHA
ENGINEERING	ENGNRNG
ENGLISH	ENGLSH ENG
ENJOY	ENJY EJOY ENJOE
ENOUGH	ENAF ENGH ENUF
ENQUIRE	ENQUIRE
ESPECIALLY	ESP ESPECIAL Y EXPECIA L EXPECI ALY
ETCETERA	ETC ETC.

EVEN	EVN
EVENING	EVNIN!
EVENTUALLY	EVNTL
EVER	EVA EVR
EVERY	EVRY EVEY
EVERYBODY	EVERYBDY
EVERYDAY	EVRDAY
EVERYDAY	EVRDAY
EVERYONE	EVRY1
EVERYTHING	EVERYTHIN EVERYTH NG EVERYTN G EVERYT N
EVERYTIME	EVERYTME EVERYTY M EVRTYM M EVRYTY M
EVERYWOMEN	EVRYWOME EVRYWO MEN
EX BOYFRIEND	EXBUY
EXACTLY	EXACTLTY EXATELY EXCATLY XCTLTY
EXAMINE	EXAM EXMN
EXCELLENT	XCELENT
EXCEPT	EXCPT
EXCERCISE	EXCESES EXCESISE EXERSIZ
EXPECTING	ESPECTING
EXPENSIVE	EXPNSIVE
EXPENSIVE	XPNSV
EXPERT	EXPET
EXPIRES	EXPSR
EXPOSURE	EXPSR EXPS EXPSRE
FABULOUS	FAB
FACEBOOK	FACEBUK FB
FACING	FCING

FACTORS	FACTORZ
FAILED	FAILD
FAILING	FAILNG
FAITHFUL	FAITFUL
FAMILY	FAM FAMLY
FATHER	FADA FTHR
FATIGUE	FATIGE
FEED	FD
FEBRUARY	FEB
FEEL	F3L FEL FL FIL
FEELING	FEELNG FELING FELN FILING FILIN FLN
FEELINGS	FEELINGZ FLNGS
FEELS	FILS
FELT	FLT
FEMALE	FEMAL FMALE F/MALE FML
FIGHT	FYT
FINANCIALLY	FNNCAL
FIND	FND FYND
FINE	FINE 5N 5NE
FINE	FYN FNE FNI
FINE	F9 FNE 5NE
FINISHED	FINISHD
FIRST	FRST
FLAWS	FLOAS
FLUIDS	FLUIDZ
FOOD	FUD
FOR	F4
FOR YOU	4U 4YA
FOR A PERSON	4APERSON

FOR EVER	4EVER
FOR HER	4HER
FOR HIM	4HIM
FOR ME	4M 4ME
FOR MORE	4MORE
FOR MY	4MY
FOR SOMETIME	4SOMETIME
FOR SONAR	4SONAR
FOR SURE	4SHO
FOR THEM	4THEM
FOR THEM	4DEM
FOR THEMSELVES	4THEM
FOR YOU TOO	4U2
FOR YOUR	4UR 4YO
FORCED	FRCD 4CED
FORGET	4GET
FORGIVE	4GIVE FRGV
FORGIVEN	4GIVEN
FORGOTTEN	FRGTEN
FRIEND	4RIEND FRIEND 4RND FRND FRWND
FRIENDS	FRIENDS 4RIEND 4FRND FRENZ FRAND FRNDZ
FROM	4RM FRM FRO
FUNCTION	FUNCTION
GENERAL PRACTITIONER	GP
GETS	GETZ
GETTING	GETIN
GETTING GETN GETTIN GETTN GETTNG GTN GTTING GTTNG	
GIRL	GAL GRL GYL

GIRL-FRIEND	G.F.	GRLFRND				
GIRL FRIENDS	GFRNDS					
GIRLS	GALZ	GALS	GELZ	GRLS	GYLZ	GYLS
GIVE	GIV	GV	GVE			
GIVE UP	GVUP					
GIVEN	GVN					
GIVES	GVS					
GIVING	GIVIN	GIVN				
GLAD	GLD					
GOING	GNG	GOIN	GWNG			
GOING TO	GNA	GNE	GNER	GONNA	GONER	
GOOD	GUD	GD				
GOOD AFTERNOON	GUDAFTERNUN					
GOOD AND YOU	GUDNU					
GOOD BYE	BY	BYE	GBYE			
GOOD FOR YOU	GUD4U					
GOT TO GO	G2G					
GOVERNMENT	GORVM	GORVMN T	GOVMNT	GOV	GVT	
GRADE 12	G12					
GRANT	GRNT					
GREAT	GR8	GR8T				
GROUPS	GROUPZ					
GUARANTEED	GARANTEEED	GARANTEEED				
GUESS	GUES					
GUYS	GUYZ					
GYNAECOLOGIST	GYNAE					
HAD	HD					
HAD NOT	HADNT					

HANDLING	HANDLIN
HAPPEN	HAPEN HPN
HAPPENED	HAPENED HPND
HAPPENING	HAPN HAPPN HPNING HPPN
HAPPENS	HAPENS HAPENZ HAPNS Z HAPPNS
HAPPY	HAPPI HAPY HAPPPPY
HAS	HS
HAS NOT	HASNT HAZNT
HATE	H8
HATES	HATES
HAVE	HAV HV. HV HV HVE 'VE
HAVE NOT	HAVENT HVNT HVN'T
HAVE TO	GOTTA
HAVE TO GO	H2G
HAVING	HAVIG HAVIN HAVN HAVNG
HAVING	HVIN HVING HVN HVNG
HE IS	HES HE.S HE'S HES HES HEZ HEZ
HE WILL	HEL HEL HE'LL
HE WOULD	HE'D
HEALTH	HLTH
HEALTHY	HLTHY
HEARING	HEARIN
HEART	HAERT
HEAVY	HAVY
HELLO	HALO HALLOW ELLO HALO OLA ELLOW ALO ELO ELOW HEL 0Z HE LA HLW
HELPED	HELPD
HELPING	HLPN
HELPLESS	HELPLES HELPLES

HELPS	HLPS
HERE	HR HRE
HERSELF	HSELF
HI	HY AAI AI HAI HIYA
HIDES	HIDZ
HIS	H\ S
HIV	HIV HIV HL V
HOLD	HLD
HOME	HME
HOPE	HP HPE HPE
HOSPITAL	HSPL HSPTL
HOURS	HRS
HOW	HW
HOW ARE YOU	HWU
HOW ARE YOU DOING	HUD
HOW COME	HOWCUM
HOW IS	HOWS HWS HOW'S
HOW IS IT	HOWZIT HOWZIT
HOWZIT	
HUGGED	HUGGD
HURTS	HURTZ
HUSBAND	HB Y
HYGENIC	HIGENIC
I AM	IM I'M IM IAM UM
I DO NOT KNOW	IDNT
I HAVE	IV IV I'V IVE I'VE IVE I'VE IVE
I HAVE GOT	IGT
I KNW	I KNOW

I WILL	IL	IL	IL
I WILL SEE	ILC		
I WOULD	I'D		
IGNORE	IGNRE		
IGNORING	IGNORIN		
ILLNESS	ILNES		
ILLNESS	ILNESS		
IMMEDIATELY	IMEDIATLY	IMIDIATL Y	IMMIDIA TELY
IMMUNE	IMMONE	IMUNE	
IMPORTANT	IMPORTNT	IMPOTAN T	IMPORT ED
IMPOSSIBLE	IMPSSBL	IMPTAN T	IMPTNT
IMPROVING	IMPRUVING		
IN ANOTHER	ANDA		
IN LOVE	INLV		
INCREASE	INCRESE		
INFECTED	INFECTD	INFCTD	INFECTET
INFECTION	INFECTIN	INFECTN	INFECSN
INFORMATION	INFO	INFOMAT ION	INFORMA TN
INSERMINTION	INSRMNTN	INFROM T	
INSIDE	INSYD		
INTEND	INTND		
INTEREST	INTREST		
INTERESTED	INTERESTD	INTREST D	INTSTD
INTO	IN2		
INVADER	INVEDOR		
INVITE	INVYT		
INVOLVE	INVOLE	INVOLV	

INVOLVED	INVOLVD	INVOLED
IS	IZ	
IS IT	IST	
ISSUES	ISSUEZ	
IT	T	
IT IS	TIS	
IT WAS	TWAZ	TWAS
IT WILL	ITWL	
ITS	ITZ	
JUDGEMENT	JUDGMENT	
JUST	JUS	JST
KEEP	KEP	
KEEPING	KPNG	
KEEPS	KPS	
KIDS	KIDZ	
KILL	KIL	
KILLING	KILIN	KILING KLLNG
KIND OF	KINDA	KINDR
KISSING	KISIN	
KNOW	KNO	KNW
KNOWING	KNWNG	
KNOWS	KNOWZ	KNWZ
KPT	KEPT	
LANGUAGE	LNGUAGE	
LATE	LT	
LATELY	LTLY	
LATER	L8	L8R L8A L8R. L8TA L8TE L8TR
LAUGH OUT LOUD	LOL	LOL
LAUGHED	LAUGHD	

LETS	LTS
LETTERS	LETTERZ
LEVEL	LEVL
LIFE	LYF
LIFT	LFT
LISTENING	LISTNG LISTENIN LSTN LSTNG
LIVES	LIVEZ
LIVING	LIVIN LIVNG
LOCAL	LOCL
LONG	LNG
LOOKING	LUKIN LUKING LOOKIN
LOSE	LSE
LOSING	LOSIN LOSNG
LOST	LST
LOVE	LUV LV
LOVING	LUVING LVIN LVNG
LUCK	LUK
LYING	LYNG
MAKE	MK MKE
MAKING	MAKIN
MANAGED	MANAGD
MANY	MNY
MASSAGE	MASGE MSGE
MATTERS	MTTRS
MAY BE	MAIB
MAYBE	MAYB
MAYBE	MYB MYBE
ME TIME	MEATYM METYM
ME TOO	M2 M2

MEANING	MEANIN
MEANS	MINZ
MED	MEDICINE
MEDICATION	MEDICTION
MEETING	MITING
MENSTRUAL	MNSTRL
MESSAGES	MESSAGEZ MESSAGES MSGZ
MESSAGING	MSNG
MESSING	MESSIN MESSN
MIGHT	MIGT MYT
MIND	MND
MIND	MYND
MINUTES	MNS MINS MINS
MOMENT	MMNT
MONTH	MNTH
MONTH	MONTH
MONTHS	MONTHZ MONTHS MTHS
MORE	MO MRE
MORNING	MORN MORNIN MRNG
MOTHER	MTHR
MOVE	MUV MVE
MOVED	MUVD
MOVING	MOVING
MUCH	MCH
MUFOWETU	MF2
MUST	MST MUS
MUST BE	MUSTB
MY	MI
MYSELF	MYSLF

NAKED	NAKD
NAME	NYM
NEED	NED NID
NEEDS	NDS
NEGATIVE	NEG NEG- NEGTV NGTV
NEVER	NEVA NEVR NVA NEVER
NEXT	NX NXT
NIGHT	NYT
NO	NAH NOPE NOP NPE
NO-ONE	NO1
NOBODY	NYBODY
NORMAL	NORML NRMAL NRML
NOTHING	NOTHIN NTHN NTHIN NTHNG NUTHIN NTHNG
NOW	NW
NU	NOW
NUMBER	NUMBR
NURSE	NRSE
OF	F
OF COURSE	OFCZ
OFFER	OFR
OKAY	OKY OKAY OK OK 0HWK 0HK 0WK K K KAY KA Y OW HK
OLDER	OLDR
OPERATE	OPARATE OPERAT OPRT
OTHER	ADA
OTHER	OTHR
OTHERS	ADAZ ADAS
OTHERWISE	ADAWIZE ADAWISE
OUT	OWT

OUTCOME	OUTCUM
OVER	OVR
OVERDOSE	OVERDS
PAINS	PAINZ
PARENT	PRNT
PARENTS	PARENTZ
PARTNER	PARTNR
PASSED	PASSD
PASSED	PSTD
PAST	PST
PATIENT	PTNT
PEOPLE	PPL
PEOPLE	PPL PPL
PERIOD	PIROT
PERSISTANT	PERSISTNT
PERSON	PRPSN PRSON PERSN
PERSPECTIVE	PERSPECTV
PHONE	4NE FONE
PICKED	PICKD
PICTURE	PIC
PIMPLES	PERSN
PLACE	PLC PLCE
PLANNING	PLNNG
PLEASE	PLEAZ PLIS PLS PLZ PLIZ
PLEASURE	PLSR PLSRE PLSURE
PMTCT	PREVENTION OF MOTHER TO CHILD TRANSMISSION
POSITIVE	+VE POS POS+ POS+ POSITIV POSITV PSTV PSTVE
POSSIBLE	PSSBL PSSBLE

PPZ	PERID PAINS
PRACTICAL	PRACTCL PRCTCL
PREGNANCY	PRGNCY
PREGNANT	PREG PREG PREGNEN T PREGNT T PRGNAN T PRGN
PRESENT	PRSNT
PRETENDING	PRTENDN
PRIVATE	PRVT
PROBLEM	PRBLM PRBM PROBLM PROBM
PROBLEMS	PRBLMS PRBLMZ
PROGRAME	PROGRME
PROJECTS	PRJCTS
PROMISE	PRMSE PROMIS
PROTECTING	PROTECTN PROTECX N
PROVIDE	PROVDE
PUBLIC	PBLC
QUESTION	QSTN Q?
READY	REDI REDY RDY
REALISE	REALIZ
REALLY	RILI RIL
REASON	RZN
RECENTLY	RECNTRY
REDCHARTZONE	REDCHATZNE REDCHTZ ONE
RELATED	RELATD
RELATIONSHIP	RELTIONSH P RLSHP RL TINS HP RL TION SHP RL TNS HP
REMEMBER	REMEMBR RIMEMB A
REPORTED	REPORTD
RESPECT	RESPCT

RESPOND	RESPND
RESPONSIBILITY	RESPNSBLTY RSPBLTY
REST	RST
RIGHT	RITE RIYTE RYT
RING	RNG
RISK	RX
RUNNING	RUNNIN
SAFETY	SFTY
SAID	SED SYD
SAME	SM
SAME TIME	SAMETYM
SAW	SW
SAY	SY
SAYING	SAYING SAYIN SAYN SYNG
SCARED	SCARD
SCARED	SCRD
SCHOOL	SCUL SCHL SKUL
SECOND	SCND SECON
SEE	C CEE
SEEM	SIM
SEND	SND
SERVICES	SVCS
SETTLED	SETTLD
SEX	SX
SEXUALLY TRANSMITTED DISEASE	STD
SEXUALLY TRANSMITTED INFECTION	STI
SHARP	SHAP SHRP SHUP SHUUP
SHE IS	SHZ SHEZ

SHELTER	SHLT
SHOCKED	SHOCKD
SHOULD	SHLD SHULD
SINKING	SNKNG
SISTERS	SISTA SIS
SITTING	SITTIN
SLEEPING	SLEEPIN SLPNG SLPN
SOME	SUM
SOME WHERE	SUMWHERE
SOMEONE	SUM1 SUMONE SOME1 SME1
SOMETHING	SMTHNG SOMETHI SOMETIN SOMTHI SUMTH SUMTH SUMTH N G N SMTN ING NG N
SOMETIME	SUMTIM SUMTYM
SOMETIMES	SMETYMZ SMTIMES SMTMS SMTNG SOMETY MS
SOONER	SOONR
SORRY	SORI
SPEAK	SPK
SPEAKING	SPEAKN SPEAKNG SPKNG
SPECIAL	SPCL
SPECIALIZE	SPCLZ
SPECIFIC	SPCFC
SPREADING	SPREADIN
STABBING	STAYING
STABLE	STBL
STAGE	STGE
START	STRT
STARTED	STRTD STARTD
STARTING	STRTNG
STATUS	STATUZ

STAYING	STAYING
STAYING	STYIN
STILL	STL
STOP	STP
STRANGE	STRANG
STRANGER	STRNGR
STRESS	STRSS
STRESSED	STRSD
STRESSING	STRESSIN
STRUGGLE	STRUGL
STUDENT	STUDNT
STUDYING	STUDYN STDYNG
SUBJECT	SUBJECT
SUBMISSION	SBMSSN
SUCKING	SUCKNG
SUGGESTED	SUGGESTD
SUPPORT	SUPORT SUPOT
SUPPOSE	SPPSE
SURE	SHO
SURPRISED	SURPRISD SURPRZD
SUSPECTED	SUSPCTD
SWEETY	SWTY
SYMPTOMS	SYMPTMS SYMTOM Z
TAKE	TKE TAK TK TYK
TAKED	TKD
TAKING	TKNG
TAKING	TAKNG TAKN TAWKIN G TKNG TYKING
TALK	TLK TOK

TALKED	TALKD
TALKING	TALKING TALKIN TOKING TOKNG
TALKS	TLKS
TELLING	TELIN TELLIN TELING
TEST	TST
TESTED	TSTD TSTED TESTD
TESTING	TSTNG TSTN TESTIN TESTN
THANK YOU	TNX THANKS THNKS THNX TANKS TANX THANKS
THAT	THT DT
THATS	THTS THANX THANKX THAX THNX THNKX THX TNKS TNK TX
THE	E
THEIRS	THRS
THEM	EM
THEM	THM
THEMSELVES	THMSELVS
THEN	EN
THERE	THR THRE THER DRE ERE
THEY	DY
THING	THNG
THING	TING
THINK	THNK TINK
THINKING	THINKING
THIS	THS
THOSE	DOZ DSE
THOUGHT	TOT THOT
THROUGH	THRU
THROWING	THRWNG
TIME	TM
TIME	TYME TYM

TO	2
TO A	2A
TO BE	2B
TO BE SURE	2SURE
TO DO	2DO 2DO
TO FALL	2FALL 2FAL
TO GET IT	2GT
TOGETHER	TGOTHER
TO GO	2G 2GO
TO GO	TGO
TO HEAR	2HEAR 2HR 2HERE
TO HELP	2HELP 2ELP
TO HIM	2HIM
TO HIM	2HIM
TO KEEP	2KEEP 2KEP 2KP
TO KNOW	2KN 2KNO 2KNOW
TO MARRY	2MARY 2MARRY
TO ME	2M 2ME
TO ME	2ME 2MWAH 2KNW
TO MY	2MY 2MA
TO NOT	2NOT
TO PAY	2PAY
TO SCHOOL	2SCUL 2SKOOL 2SCHOL
TO SEE	2C 2SEE 2SEA
TO SOMEONE	2SUM1
TO START	2START
TO TALK	2TALK
TO TEST	2TEST
TO US	2US

TO YOU	2UR							
TO YOUR	2UR							
TODAY	2DAY	2DAE	2DY					
TOGETHER	2GEDA	2GETHER	2GETHER I					
TOLD	TLD							
TOMORROW	2MORROW	2MORO	2MOROW					
TOO MUCH	2MUCH			2GTHR	2GTHRI			
TOOK	TUK							
TOWARDS	2WARDS			2MRO	2MRW	2MOR		
TREATMENT	TREATMNT	TREATMT	TRETMT					
TRUE	2RUE							
TRYING	TRYIN	TRYN						
UNDER	UNDR			TRITME NT	TRTMNT	TRMNT		
UNDERSTAND	UNDASTN	UNDAST ND	UNDERSA NT					
UNDESTANDING	ANDASTAND	ANDAST AND						
UNFORTUNATE	UNFRTNT	UNFRTNT E						
UNFORTUNATELY	UN4TUNATELY	UNFTNTL Y		UNDERS TAN	UNDERS TND	UNDES TND	UNDRST AND	UNDRS TND
UNLESS	UNLESS							
UNPROTECTED	UNPRCTD	UNPROTE CTD	UNPRTCT D					
UNTIL	UNTL						UNDS TND	
UPRIGHT	APPRITE	UPRITE						
USED	USD	UZED						
USING	USIN	USNG						
VOLUNTARY TESTING AND COUNSELLING	VCT							
WAIT	W8	W8T						

WAITING	WAITNG	WAITN	
WANT	WANNA	WANA	WNNA
WAS	WS	WZ	
WE	W		
WEEK	WK	WIK	WTHOUT
WELCOME	WELCOM	WELCM	WELCUM
WELL	WELL		
WHAT	WT	WAT	WHT
WHAT IS	WOTZ		
WHAT IS UP	WHTSUP		
WHATS	WTS	WTZ	
WHEN	WEN	WHN	
WHENEVER	WENEVA		
WHERE	WRE		
WHETHER	WEDA	WHETHA	WHTR
WHICH	WHCH		
WHILE	WHIL	WHL	
WHO	HU		WTHR
WHO IS	HUZ		
WHY	WY	Y	
WIFE	WIF		
WINDOW	WNDOW		
WITH	WITH	WTH	WF
WITHOUT	WITOUT	WHT	
WONDERING	WNDERING		
WONDR	WNDR		
WORRY	WORI	WARI	
WOULD	WUD	WULD	WLD
WOULD BE	WUDB		

WOULD NOT	WUDNT
WRONG	RONG WRON WRNG
YEAR	YR
YEARS	YRS YEARS YEARZ
YES	YAH YEAH YEH JA JAA JAH YEBO YEP YEZ YIP YS
YOU	U
YOU ARE	UA
YOU ARE	U'R UR
YOU DO NOT	UDONT
YOU MEAN	UMEAN JA
YOU WILL	UL U'L
YOUNG	YUNG
YOURS	YOURZ
YOURSELF	YOSELF

APPENDIX D

THEMATIC ANALYSIS OF COUNSELLOR'S INTERVIEWS EXPLORING THE DYNAMICS OF TEXT-BASED COUNSELING VERSUS PHONE BASED COUNSELLING

Methods

Face-to-face private semi-structured interviews of each of the 5 counsellors and 4 supervisors from Life-line were conducted by a researcher from Cell-Life. 8 participants consented to their voices recordings while one only consented to the interviewer to take notes. The length of the interview varied per participant (see Table 1) interview the sub-questions in the interview were based on three main questions which were;

- What kinds of counselling are people getting via Mxit?
- Is the nature of the counselling given via Mxit substantially different from telephone counselling?
- How do recipients of the counselling experience Mxit text-based counselling?
- How do the counsellors themselves perceive Mxit text-based counselling?

Coding and Analysis

Phrases representing underlying themes were generated and applied to the data. Themes emerging from the transcribed text were identified and coded. Coding was done using Atlas.ti software. The coding process was iterative, initial codes were suggested by Katherine de Tolly the lead researcher of this study.

RESULTS

Demographic characteristics of the Counsellors and Supervisors are shown in **Table 1**.

Table 1.

Characteristics of Counsellors

Characteristics	Average Age	Male	Female
Supervisor	39, 45, 34	1	2
Counsellor	39, 33, 34, 37, 36, 30	3	3

All RedChatZone counsellors also administer telephonically based counselling at the NAHL, the dynamics of telephone in comparison to text-based Mxit are closely aligned to the counsellor's experiences of both types of counselling. The main themes were emerged from the thematic analysis, were centred around;

- Challenges and advantages of counselling via Mxit for
 - a) users and the b) counsellors and their supervisors
- Differences and similarities between Mxit and telephone based counselling
- Service problems and suggestions and other minor themes

The semi-structured nature of the interviews (see appendix for questionnaire), heavily influenced the themes that emerged. These themes included Accessibility, Affordability, and Convenience

RedChatZone Clients: Advantage and Challenges

Advantages: Clients

Accessibility

Counsellors were generally in agreement that clients can easily access RedChatZone. As stated in the description of RedChatZone, most RedChatZone clients access Mxit via their cell phones. Cell phones were identified as a one of the core factors that promotes ease of accessibility of RedChatZone; *“Cell phones, more especially the youth, so everywhere where they are, they got access”*.

Convenience

Another clear advantage of using Mxit for the clients is the manner in which counselling is conducted. A client can take short breaks and return to the conversation when it best suits them. Furthermore, there is the convenience of clients choosing a location that best suits them, *“some of them they don’t want to go there because they feel comfortable on their own room, their own space, doing it now”*, (doing it now, refers to Mxit counselling).

The discontinuous conversations is also a huge advantage to the user, as they get a chance to synthesize their newly acquired information before responding *“The chance is that, the person can be able to stop the conversation, go back and think about what, the information that she got”*.

Affordability

There was a consensus amongst the counsellors with regard to affordability of Mxit for the clients. According to the counsellors, this affordability makes RedChatZone highly attractive for the youths in comparison to telephonic counselling; *“And you can, if you are in Mxit you use 5 rand (R5.00) you can Mxit for 2 days, you can use it for 2 days, you know? And you can do it until long/all time”*. Due to the affordability of RedChatZone for the users, counsellors sometimes refer NAHL clients using their cell phones to call to text chat in

RedChatZone instead; *“You log on your Mxit and chat to us then on Mxit because and then its gonna at least be free for you because its only taking one cent (1c) of a couple of, two cent (2c) of a couple messages that you can send and talk about”*. One of the counsellors also attributed the popularity of RedChatZone to affordability of cell phones for the youth.

Language

Occasionally the counsellors come across clients who want to communicate in Xhosa, Zulu, Sotho or Africans, most of the clients predominantly use English. The most popular language is the shortened chat language English which some of the counsellors called the *“ Mxit language”*. According to one of the counsellors, using a chat language that is used universally by most Mxit clients is advantageous to the clients *“Much easier to shorten sentences using this chat language in comparison to other vernacular languages such as Mxit”*. In addition since the chat language is commonly used by youths, according to the counsellors, this makes the clients feel comfortable; *“ Mxit language made youth “the feel like they are chatting to a friend and its used nationwide....”*; Using the chat-language promotes inclusion of all South African youths, according to one of the counsellor the chat language *“...does not exclude most of the youths”*.

Privacy

In comparison to the telephone based counselling, Mxit based counselling does not risk the clients being over-heard unlike for telephone based clients that live with other people, or those that use public booths. RedChatZone is very private; *“You know it’s, it’s very private, it’s just, no one will be able to hear what you are saying”*. *So one can even get counselling while sitting with friends”*.

With public booths, counselling session can also be terminated prematurely if there are people waiting in queue to use the phone. During a RedChatZone counselling session, if emotions run high, a client can cry in the privacy of their home/room.

Due to this privacy: *“Most are the same and some, then you’ll find that they might be deeper on the Mxit because it’s a text unlike a person will be scared to say, whatever they*

want to say on the phone. So; and then, but writing, a person can write whatever they think, whatever they want in that time”, In comparison, there “seems to be bigger confidentiality concerns on tel”.

On the other hand, the other telephonic based counselling use public phones, *“Others you could actually hear in the background that you know this is a busy street people buzzing and all that, this person is there, others it will be like you know in a Café o”.* And in some provinces people do not even have the public phones especially in the rural areas, so text based counselling is better since they

Anonymous

Users seem comfortable chatting knowing that this service is anonymous. Those with HIV and AIDS related questions sometimes have awkward or embarrassing questions which are easier to ask in anonymity.

Challenges: Clients

Time constraint

Unlike the telephonic counselling that is offered 24hrs, RedChatZone is only offered for 8 hours per week. The service period which is from 3-5pm might not be ideal for every-one as one counsellor mentioned; *“you know, the challenge now I think is time, because telephonically we opened 24/7 you know”.*

There are also times when counselling sessions has to be cut short when time runs out, leading to lower counselling; *“Hmm, number one I will say it’s the time because sometimes you’ve got a very serious topic and you are only given two hours to do this, and while they, you know the conversation is flowing, then you have to cut the call short...”.*

According to a large percentage of the counsellors, some of the RedChatZone clients are unaware of the operational hours of RedChatZone due to inadequate advertising. This frustrates users who access RedChatZone outside of service time and get no response from RedChatZone. There is also potential that such frustration could have unintended negative

impacts on such clients; *not knowing our real hours, that's what makes this because of a person has asked maybe from, uh, maybe from 2 o'clock, "Hello! Is somebody there?" Just like that; so in a way, what makes things worse is the hours, not knowing our hours, ...*".

This frustration is also perpetuated for some clients who manage to access and engage with RedChatZone counsellors, but are still unaware of RED's operational times. Such clients can leisurely chat to counsellors, taking time to respond and return just before RedChatZone closes for the day; *"The only difficulty with this is that conversations can last the whole counselling session and users come back when it's too late to continue the conversation; "because like some of them, they will come back when, when maybe about the last 30 minutes"*.

System Failure

Technical aspects of RedChatZone services have not been fully optimised. The system is slow and sometimes it crashes or freezes during counselling sessions. Such system failures frustrate the clients and could compromise the effectiveness of counselling for both the users and the counsellors. *"No, maybe the, the system is slow, I think it's; sometimes they get frustrated when the system is, is very slow". Slowness of the system leads to the messages being slow to receive and send the users since "It takes time to-to, to receive and to send"*.

Long waiting times

Some clients get frustrated with the long waiting periods after initiating a conversation with RedChatZone and the counsellors actually getting counselling. Counsellors were aware that the some users are never attended to due to high work load that the counsellors experience and concurrency which can slow down the counsellor's responses. Some of the frustrated clients end up hailing insults at the counsellor, and in extreme cases even threaten harming themselves; *"I'll kill myself" - yeah, and 'because I've been there and no one want to help me' it's something like that. I've read it from one of the Counsellors"*. Although clients do get frustrated at times, once counsellors explain to them that the delay is due to concurrent counselling sessions, the clients seem happy with this explanation.

Referral systems

The counsellors use the same referral protocol as those used in the telephone based counselling. For example, the RedChatZone counsellors use the same referral system if they see that the client could benefit more from face-to-face counselling. *“... then we’ll refer the person and say ‘okay just catch us on the Aids help line, talk to us about this, call this number, its free from a landline’”.*

Counsellors

In general the counsellors seem to prefer the Mxit based counselling in comparison to telephone based counselling. As one of the supervisors noted; *“observing them, they, they really enjoy it. When its quarter to three they’ll just stand up in order to, to remind them, that hey you in Mxit! You know, they enjoy it, they really enjoy it. And....I think if they can be there permanently they’ll, they’ll love it!”*

Counsellors: Advantages

Less Debriefing Required

One of the counsellors suggested that Mxit counselling is lighter and easier for the counsellors to handle; *“Is more chatty than tel (therefore less offloading, debriefing)”*; In addition counsellors can take a break or pause during a counselling session via Mxit, unlike during telephonic counselling where a break would disrupt the flow of the counselling session. *“Prefers Mxit as you can’t pause on the phone without breaking the conversation need to break conversation on phone, client has to hold”*.

Insults have less impact on the counsellors since they cannot hear the person unlike on the phone, where the verbal insults seem to bear much more weight. *“So with Mxit even if they write it but, it’s personal - to me it doesn’t have that much impact compared to sharing it.”*

It is also easier to ignore abusive clients and chat only to the serious ones; *“if I have many people who are serious I can still jump that person whose insulting me and just answer those people who are serious and leave that person stuck there alone”*. Even better for the

counsellors is that the system also has a mechanism of blocking text from an abusive client and the text bounces back to the user, which the counsellors referred to as “*minimising*”. Some of the insults are from clients, frustrated from the queuing.

Fewer Hoaxes

Hoax can be tiring and taxing to the counsellors. In general there seems to be fewer hoaxes on Mxit in comparison to telephone counselling is one of the main reasons counselling enjoy Mxit more than with the telephonic counselling: “*because it could be quite hectic on with counselling with pranksters, with people who call and they are playing on the phone*”

The counsellors/supervisors gave different reasons for the lower frequency of hoax in comparison to telephonic counselling; one of the reasons is that the clients have to pay for the counselling. “*They pay for counselling [the data charge] so there’s less playing*”, “*Whether its twenty cent (20c) of whatever amount that you have but if you don’t have money then, there’s no way that you can, hook, you can talk in Mxit. So with Mxit it’s very less hoax*”.

Texting instead of calling deters hoax in RedChatZone. According to the counsellors and supervisors, it’s much easier for hoax callers to pick up the phone and dial the National AIDS helpline than it is to start typing on RedChatZone.

A major advantage is that they deal with hoax much more effectively on RedChatZone in comparison to Mxit. Once counsellors sense that a session is a hoax, they use this opportunity to inform the clients about HIV or to correct some myths which would have been implied in their hoax message.

Counsellors: Challenges

Work load

Concurrency is challenging and increases the work load and pressure for the counsellors. While some of the counsellors indicated they could deal with concurrency more effectively, a significant proportion of the counsellors stated that concurrency was quite a challenge and seems to cause a lot of stress on the counsellors. *'You feel like going out because you know the head, you feel like its cracking. I'm having fifteen (15) or twelve (12) people at the same time, different windows there and different topics, joh'*

Concurrency of conversation requires not only speed of typing but great concentration. While concurrency results in a great number people being counselled, however this concurrency could be decreasing the quality of RedChatZone counselling. Due to concurrency, counsellors are more prone to mixing up conversations if they do not concentrate; *"I remember one day I, I actually, hmm, in fact I answered one client with the wrong information. In fact, what I did was I read a few, few conversations from different people and [giggles] when I gave them the, the reply, it, I made a mistake but I had to apologise and it was cleared up"*.

Language

The Mxit chat language is the most frequently used language on RedChatZone. This chat language is easy for Mxit users. To the counsellors the chat language was a huge challenge, implying that counsellors were not Mxit users before being recruited for RedChatZone. In some instance, some of the counsellors ask friends or family for help who are more proficient in the chat language, in deciphering messages from clients. In addition, the counsellors seem to learn from the RedChatZone clients all the time. *"So I learn from them and they learn from me as well"*. Their trainer also gave them a template or dictionary that they refer to when they get stuck; *"...gave us the, you know the print out of the Mxit language so it make things a whole lot easier"*.

Lack of email access

Currently the RedChatZone system is made in such a way that once logged in the counsellors are unable to access their email. Nurses and supervisors readily give informational support to counsellors during RedChatZone counselling sessions. However, in addition to the current support systems, the counsellors felt access to their email during counselling sessions could greatly enhance the quality of their services.

Typing skills

To most counsellors their typing speeds were very slow, and this is a major challenge *“it’s more challenging because you have to be faster and you are talking to more than one person. You have to think on your toes”*.

Management

Counsellors are not able to administer the RedChatZone sessions. They have to wait for a supervisor, which affects efficiency of the RedChatZone service; *“...there was only one (1) Supervisor who can administer. If she wasn’t there one of us would be an administer, administrator and so right now we, we are only on Mxit”*.

Work satisfaction

There was also an indication by some counsellors and supervisor of the need for incentives, such as remuneration and laptops. Counsellors they gave up their off days in order to attend the initial training sessions and were not remunerated for their time. Counsellors argued that having laptops could be useful for them to volunteer out of working times, particularly when the counsellors on duty cannot cope.

Comparative analysis of text-based and telephone based Counselling

There are numerous advantages in RedChatZone using the NAHL counsellors, for example, counsellors continue using their protocol that they use in telephone based counselling. They still use their support services such as counsellors and nurses. Referral to the supervisor is possible for the difficult callers, *“That’s the protocol that ‘okay’ if you find this difficult call and the caller doesn’t want to take any explanation from you, you can transfer that call to the Supervisor. So you’ll find that some counsellors get stuck when chatting and say”*.

In general those counsellors felt telephone based counselling was much easier to administer in comparison to Mxit-based counselling.

Challenges in text-based versus telephone Based counselling

Absence of voice

Traditional counselling relies heavily on voices being important cues in counselling. According to the counsellors, the quality of counselling on RedChatZone is impacted negatively due to the lack of tone of voice. Lack of voice can lead to misunderstandings occurring between counsellors and clients. It’s much harder to tell if a client has understood or if the counsellor has understood in text based counselling in comparison to telephone based counselling.

Due to the absence of voice there is much more probing from the counsellor’s side. The probing is further intensified because of the Mxit chat language, which tends to result in short sentences. The effectiveness counselling on Mxit will depend largely on the probing skills of the counsellor. As one counsellor stated: *‘cause of somebody who just ask questions but then if you probe him deeper that’s when a person can see like the real, ‘I’ve got a problem, this is the problem’*”.

Without the help of voice based communication, counsellors suggest it’s a challenge to give effective counselling over text. It’s difficult sometimes to put their feelings into words;

“Maybe it’s harder to write feelings [than say them].” They are limited by the shortened language; *“You can, you don’t get a chance to explain it further. Sometimes you feel you are speaking to a, to someone that still needs you know information”. “I don’t know how to put it, that; so you have to say, you know you can only say - we’ve got sexual transmission, blood transmission and normal transmission. You can, you don’t get a chance to explain it further. Sometimes you feel you are speaking to a, to someone that still needs you know information”.*

Absence of voice also makes the text-based counselling last longer in comparison to voice based. *“..., if I would say it’s faster, you can be able to hear if a person is crying or if, you know or if a person’s laughing for example”.* In addition, sometimes the counsellors felt the text-based counselling was not an effective form of counselling; *“sometimes you - on the text when you text the person; you may sometimes feel like ‘Eish’ I think I’m not enough to this person”.*

There was even a sense that there was no closure in some of the sessions due to the nature of counselling; *“Yeah, they feel that its, they don’t have a closure like they think the-the conversations are”;* *“you know whereas with Mxit - it’s like, they feel that they are being cut off”;*

With the lack of voice, it’s easier for the counsellor to simply assume that most of the clients are youngsters (since this is the most represented group on Mixt). Some clients make this easier by using particular slang words that show they are guys such as “hey dude”, or they ask straight up some detail to test whether the counsellor will judge them. However, sometimes counsellors when it important to tailor an answer according to a particular age or gender, the counsellors simply ask the clients their age and gender before proceeding. One has to ask the age more, *“So you; and you ask the age or something so that you are able to answer the question according to the age group of that person so that he will be able to understand you more”.*

Typing errors

Typing errors and good spelling skills are specific skills required for counselling. Typing errors can occur which lower the effectiveness of the counselling. These skills are not

required for telephone based counselling, which implies that typing and spelling skills could be part of the eligibility criteria used to choose counsellors; ***“You know? And with-with, telephonically you don’t, you don’t type you only talk.”***

Advantages

Time

It’s also easier for the caller get straight to the point with the Mxit counselling in comparison to the telephonic counselling. ***“...but with Mxit I find it that people are straightforward, yeah, just straightforward, they don’t, yeah, even in some cases you end up, an information caller turning it into a counselling call from”.***

According to the counsellors, they felt a session on RedChatZone cannot be considered to be a full counselling session and cannot substitute voice base counselling however, it saves time since clients get to the point fast. ***“Hmm, it’s different in a sense that you cannot go, it cannot be a, like a full counselling session. You know you have, it’s like a type of ‘Answer-question-answer-question’ and probe more if you don’t understand the question, but it’s straight to the point”.***

Alternative Cues

Even with the difficulty of deciphering the exact state of the mind of a client due to lack of voice, the counsellors seem to be able to sense emotions like anger from a client writing in capital letters; ***“but sometimes you, ‘yes’ you can tell if the person is angry and then you start writing in CAPS and then you’ll know that the person now is”.***

Continuity

There continuity with this form of counselling. Every text message exchanged between the counsellors and client is stored in a database so, ***“another counsellor can just check, can-can***

just check like what was the previous conversation about.” This type of continuity is not available on telephonic based counselling.

Other Themes and Deductions

Service Improvements

- **A Chat dictionary:** One counsellor suggested the possibility of getting a dictionary to facilitate quick understanding of the text messages they receive from RedChatZone counsellors. *I think it's possible, maybe have our own dictionary.*
- **Extend service times:** *...So I, I would like maybe sometimes in future to see them, the time or the hours extended as well...”.*
- **Laptops for Counsellors:** *“..., you know you will be sitting there at home, you are not doing anything and they've got their, their load here. And they can still call you 'can you help here?'”}.*
- **Other counselling lines such as gender based violence:** *“...getting different calls and with Mxit 'yes' we do get people who talk about the-the, the abuse. Yeah, and thank you for asking that because the Counsellors have raised that we also need Counsellors from gender violence line to be, to work on-on-on”.*
- **Have permanent counsellors for RedChatZone:** *“Participant...observing them, they, they really enjoy it. When its quarter to three they'll just stand up in order to, to remind them, that hey you're in Mxit! You know, they enjoy it, they really enjoy it. And....I think if they can be there permanently they'll, they'll love it!”*
- **Management Improvements:** *“....observing them, they, they really enjoy it. When its quarter to three they'll just stand up in order to, to remind them, that hey you're in Mxit! You know, they enjoy it, they really enjoy it. And....I think if they can be there permanently they'll, they'll love it!*

- **Increase number of counsellors:** “... observing them, they, they really enjoy it. When its quarter to three they’ll just stand up in order to, to remind them, that hey you’re in Mxit! You know, they enjoy it, they really enjoy it. And....I think if they can be there permanently they’ll, they’ll love it!”
- **Advertising: Advertising of service times**
- **Advertising to parents as well**
- **Improvement in the system**

Non-HIV and AIDS related clients.

Some clients simply want to chat, they are lonely, coz they do not have enough contacts on RedChatZone. *“Meanwhile you’re finished with them, or they come up with other new questions because they don’t want to be offline”.* While some just keep making up stories so that the counsellors keep chatting to them.

Contradictory Comments

Once counsellor initially stated that no-one has ever complained but a few seconds into the conversation then stated that one person had in fact complained that they had taken long. There seemed to be a general reluctance by counsellors to state negative statements. This could be due to the fact that the counsellors were aware that the person interviewing them responsible for sourcing funding for this programme. In the future, it might be more appropriate to have an independent evaluator

APPENDIX E

THEMATIC ANALYSIS OF CLIENTS CONVERSATIONS

CONVERSATION ANALYSIS

Themes: HIV and AIDS related

The core themes discussed can be divided into two categories: HIV and AIDS related; and questions not related to HIV and AIDS. Since this is an HIV and AIDS helpline, as expected a larger number of conversations were HIV and AIDS related (more than 70% of conversations). These themes are outlined below.

Prevention of HIV

HIV testing was discussed by the clients. Some clients merely required information such as location of testing centres, when to test and accuracy of tests. Clients asked for tips on how to get partners to test. For clients who discussed their risky sexual behaviours, counsellors gave unsolicited advice on testing. Counsellors also advised clients to go test for HIV when they were resorting to self diagnosing their HIV status through symptoms.

When clients reported rape, counsellors encouraged uptake of post-exposure prophylaxis from the nearby clinics to decrease their chances of contracting HIV. There were several pregnant women living with HIV who requested for information on the Prevention of Mother to Child Transmission (PMTCT). Expectant mothers asked for advice on how to use ARVs to prevent transmission and also on the best methods of breastfeeding.

Living with HIV

Several mental health issues were discussed by those living with HIV. A client reported how their perceived stigma and discrimination had prevented them from accessing further services after testing HIV positive with their partner. Fear of disclosure was also raised by newly diagnosed clients. In some instances the counsellors gave clients tips on how to disclose to their family and friends. A very resourceful counsellor used a client's perceived stigma as motivation for the client to start taking ARVs and avoid developing symptoms that are related to HIV and AIDS. Clients also needed mental health support from RedChatZone counselling since they were not getting any from their partners. In one instance, a client accessed RedChatZone to ask ways in which they could give support to their friend living with HIV.

ARVs were also a topic raised by clients living with HIV. A large proportion of clients wanted clarity on when to start ARVs. The rest of the conversations were on side effects, the different regimens, costs of ARVs, adherence, treatment failure and other alternative ways of boosting the immune system:

Client: *I don't want to die soon my parent died bcz of aids and i didnt have de chance to spend time with the i dont want de same thing to happen to my son*

Counsellor: *There is treatment now, so don't stress, just live ur life to the fullest*

Client: *Thanx 4 rmding so must i pay to get treatment?*

Counsellor: *No, treatment is free at the local government facilities.*

Many clients were interested to know more about living a healthy life, both to prevent onward transmission of HIV, and also to live long and healthy lives, despite having tested positive for HIV:

Client: *hw d0 u live wit da virus?*

Counsellor: *taking care of rself and leave a positive life , good diet ,condomise, exercise n visit the clinic 4 check ups*

Client: *Thnx alot 4 da help*

Themes: Non HIV and AIDS related

In addition to HIV and AIDS related themes, some non-HIV and AIDS related topics were also discussed such as general reproductive health and family planning, sexual abuse, and general discussions on human rights issues. Service problems that impact on the quality of service provision were discussed on RedChatZone. Some of these non-HIV and AIDS related issues are detailed below.

There are several conversations on sexual and reproductive health. Discussions included masturbation, infections and pain in genital area. Several clients also needed to know the signs of pregnancy and ways to prevent pregnancies and also to test for pregnancies. Sexual frustrations were indicated in long-term relationships.

Clients also sought for mental health support where relationships were complicated or had broken down. Family relationships, loneliness and sibling rivalry were some of the topics discussed.

Human rights were also discussed. These discussions included how to get child support from an absent father and information about applying for a social grant.

Quality of service

There was high quality and standard of counselling in most conversations. However, there are many instances where the quality of counselling was poor and maybe even negatively impacting the clients. Counselling was judgemental or even rude in some instances. There are many instances where the counsellors also prematurely terminated conversations. The service also seems to be over-subscribed with clients waiting in queue for a very long time which could be frustrating. There were a range of technical issues that interfered with delivery of a consistent, high-quality service. Text got lost in transmission and there were delays in some instances.

